



UCare Supporter Account Enrollment

FOR YOUR SECURITY, PLEASE DO NOT EMAIL THIS FORM.

Account Holder Name:			
Address:	City:	State:	Zip:
Recipient Organization Name:			
Account Numbers to be included in the UCare Program to benefit the above named organization:			
1. _____	6. _____		
2. _____	7. _____		
3. _____	8. _____		
4. _____	9. _____		
5. _____	10. _____		

Account Holder Signature: _____ Date: ____ / ____ / ____

**Please mail, fax or drop-off your completed form to any Unity Bank branch.
See unitybank.com/locations for addresses and fax numbers.**

BANK USE ONLY:

Date Added:	Date Deleted:	UCare Participant Number:
The UCare Program can be amended, suspended or terminated at any time. All Partner and Supporter account information is kept strictly confidential.		