

# **FOR YOUR SECURITY, PLEASE DO NOT EMAIL THIS FORM**

*Please mail, fax or drop-off your completed form to any Unity Bank branch. See [unitybank.com](http://unitybank.com) locations page for addresses and fax numbers.*



## **UCare Supporter Account Enrollment**

Date:

Accountholder Name:

Address:

Recipient Organization Name:

Account Numbers to be included in the UCare Program to benefit the above named organization:


Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

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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.