



# UCare Supporter Account Enrollment

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

Account Holder Name:			
Address:	City:	State:	Zip:
Recipient Organization Name:			
<b>Account Numbers to be included in the UCare Program to benefit the above named organization:</b>			
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](http://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.		