



**United Way  
of North Central Florida**

# WELCOME SMALL BUSINESS PARTNER!

## CREDIT CARD/ACH REGISTRATION FORM

Thank you for joining the United Way of North Central Florida's Small Business Partner Program! Together, we fight for the health, education, and financial stability of every person in our community. Thank you for choosing to Live United!

ORGANIZATION INFORMATION			
Date:		Andar Acct #:	
Company Name:			
Address:			
Primary Contact:			
Telephone #:		<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	
Email Address:		Website:	
PARTNERSHIP COMMITMENT			
<input type="checkbox"/> \$1200 Standard Partnership <input type="checkbox"/> \$2400 Premium Partnership			
Billing Frequency: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly			
I would like my Small Business Partnership to be evergreen (auto-renewing) <input type="checkbox"/> Yes <input type="checkbox"/> No			
CREDIT CARD TRANSACTION			
Name on Credit Card:		Credit Card Type:	
Credit Card #:	Security Code:	Expiration Date:	
Billing Address:			
Signature:			
Comments:			
ACH (BANK) TRANSACTION			
Name on Bank Account:		Bank Name:	
Bank Routing #:		Account #:	
Driver's License # (Required):			
Signature:			
Comments:			

Please scan/email completed form to Amber Miller at [amiller@unitedwayncfl.org](mailto:amiller@unitedwayncfl.org) or mail to United Way of North Central Florida, 6031 NW 1<sup>st</sup> Place, Gainesville, FL 32607.

**OFFICE USE ONLY**

Setup Billing in Andar  
  Redact CC/ACH  
  Code Trans  
  Submit to UPIC for Data Capture