

Instructions for Enrollment

Thank you for your interest in participating in UnitedScrip's Fundraising Program. We are happy to play a small part in making the dreams of your organization a reality. As you complete the enrollment process, please feel free to contact us if you have any questions or need clarification. We are here to help you and look forward to working with you! A complete listing of UnitedScrip's contact information is included on the last page for your records.

Please follow these simple steps to complete your enrollment.

- 1. Fill out the necessary forms listed below
 - Enrollment Form
 - ACH Bank Account Form
 - ScripZone Enrollment Supplement
- 2. Email or fax the completed forms to UnitedScrip.

Fax #: 864-886-9704 Phone # 864-886-9701

(Please follow up with a phone call to confirm that your faxed forms were received!)

Email: info@unitedscrip.com

3. Mail the signed, original forms to UnitedScrip.

UnitedScrip, Inc. 305 Catawba Circle Seneca, SC 29672

4. Once your account has been established, you will receive a 'Welcome' email from info@unitedscrip.com to confirm your enrollment process. This will provide additional information, tips and guidance as you establish the foundations, organize, educate, and begin your scrip program.

Remember, we are here to answer any questions you have!

**Please add <u>info@unitedscrip.com</u> to your safe senders list so that you will receive your introductory email.

UnitedScrip Nonprofit Affiliate Enrollment Form

Affiliate/Organization Information

Organization Na	zation Name:			Phone:
Organization Ac	ldress:			,
City:		S	State:	ZIP:
Permanent/Defau Name/Attention Co Ship to:		dress (if diffe	rent form above): Addı	ess will include Group
City:		State:		ZIP:
Fax:	Email:			Tax I.D. #
Circle Default [Delivery Metho	d: UPS Resi c	dential / UPS School	/Business / Customer Pick-Up
Contact Name:				Cell/Home Phone:
Contact Name.				Odii/Tidilid Tildilid.
Email:				
Alternate Contact:			Cell/Home Phone:	
Alternate Contact Email:				
Program Treasur	er Name: Ce	II/Home Pho	ne	
Treasurer Email:				
Method of Pay	• •			
ACH Draft □	Automated Clearing House (ACH) is a nationwide network utilized by banks, businesses, and account holders to transfer funds. Authorization of ACH payment ensures prompt shipment of your order. The amount debited from your account will be the total of the invoice(s) for the purchase made. ACH payments will be processed and deducted from your account within two business days. Payment will not be processed for any certificates that are backordered.			
ACH Savings	An ACH debit posted to your savings account. Please check with your bank for any limits on the number of automatic withdrawals in a given time period.			
Draft □		_	·	
Paper Check (Special Authorization	to 864.886.9704 a	and we will releas	se your order. Please mail	our system. Fax a copy of the written check your check immediately. Payment should be ments may result in suspension of this
Required)) 🗖	payment option . Your payment should include your group name and the invoice number(s) to which the check is to be applied.			

UnitedScrip 305 Catawba Circle Seneca, SC 29672 PLEASE INCLUDE PROOF OF YOUR NONPROFIT STATUS: a copy of your IRS Letter of Determination or a copy of your Articles of Incorporation. Please include Employers I.D. Number (EIN)

Where did you find out about UnitedScrip?	
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For Office Use Only

QB	QB Notes	ScripNotes	ACH Bank Ach Report #	Ourscrip.com Password
Email	UPS	ScripZone	ScripZone Email	Acct/ID Number

Bank Account Information

ATTACH GROUP VOIDED CHECK HERE.

YOU MAY FAX THIS FORM FOR INITIAL APPROVAL

BUT AN ORGINAL COPY IS REQUIRED BY MAIL.

The following information will authorize UnitedScrip to debit your organization's bank account for your UnitedScrip purchases. Please provide the requested information and attach a voided or cancelled check. UnitedScrip will use this information to verify the accuracy of your depository account and routing numbers. UnitedScrip will not use this information for any other reason.

Organization Name:	Shipping Address:	
Organization Phone Number:	Program Coordinator:	
Organization's Bank Name:	Bank Phone:	
City:	State	Zip
Type of Account (Check only one	Checking Sav	ving
Bank ABA/Routing # (#1 belov	Bank accoun	nt number # (#2 below)
depository named above to debit such	ganization/group/team) of its termination, in sur	full force and effect until UnitedScrip has received
J.H. Miller 75012 Colone Avenues Lunion HK, Kesturkky 2025	President	
mar .	Treasurer	
Any Stack U.S.A. Ancohore, Selection of the Control of	Scrip Coordinator	

UnitedScrip 305 Catawba Circle Seneca, SC 29672



ScripZone Account Information – All of our new groups need to be registered. Your organization will be using scripzone if your participants will be ordering online <u>OR</u> you plan to use ScripZone.com as an online software program accessible from any computer.

Step 1: Scrip Coordinator: Go to www.scripzone.com and register as a 'New User'. We will give you access to the Admin Level to complete the set-up process.

Which method(s) of online payment will be	□ Individual Check to Group			
allowed on your ScripZone site? (check all that apply)	□ Credit Card			
	□ Bank Draft			
	☐ Ship all orders to default delivery address			
Which shipping methods	Options for orders paid with credit card only:			
do you prefer?	☐ Allow members to pay for shipping to home or alternate address			
	□ Require members to pay and ship to their address			
ScripZone Coordinator Name: (if different from group coordinator) and Email:				
You may make additions o A Campaign reflects your Example: Playground A " Team " can be your org	or changes from the Gr goals and how your pr Fund, General Fund, anization or a subgrou	ofits will be utilized or divided. Field Trip		
Examples1: General Fund Support Organization: 100% Team/Classroom: 0% Parent or Member: 0%		Example 2: Field Trip Organization: 20% Teams/Classroom: 20% Parents: 60%		
Campaign Name:				
Campaign Splits	Organization Teams/Classroom Parents	% % %		
Team/Classroom Name: (list one)				

UnitedScrip Welcomes you as a Scrip Partner!

We are honored you have selected UnitedScrip as a fundraising partner for your organization. This Enrollment Package includes all of the forms you will need to complete and return to UnitedScrip. Contact us at any of the numbers below and speak with our New Group Coordinator for details.

	HOW TO CONTACT UNITEDSCRIP		
PHONE	864.886.9701		
TOLL FREE:	866.611.9701		
FAX:	864.886.9704		
INTERNET:	General Information <u>www.unitedscrip.com</u>		
	Group Support, Updates, Order Placement 24/7:		
	www.ourscrip.com		
	Online Family Ordering 24/7:		
	<u>www.scripzone.com</u>		
MAIL:	UnitedScrip, Inc.		
	305 Catawba Circle		
	Seneca, SC 29672		
Custo	mer Service representatives are available		
9 a.m. – 3 p.m. EST Monday – Friday			
	Email Information		
GENERAL	info@unitedscrip.com		
INFORMATION			
NEW GROUPS	info@unitedscrip.com		
	cmrampey@unitedscrip.com		
BILLING/ACCT RECEIVABLE	steve.mitchell@unitedscrip.com		
NEWSLETTER	info@unitedscrip.com		
SOFTWARE	software@unitedscrip.com		
ORDERS	orders@unitedscrip.com		
SCRIPZONE	support@scripzone.com		
INFORMATION	info@scripzone.com		

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