



Ways to pay United Pet Care, LLC

- Pay by check
 - Make check payable to United Pet Care, LLC.
 - Mail to: 350 W Washington St, Suite B101, Tempe, AZ 85288.

- Pay by credit card (one-time or recurring)
 - Complete the attached credit card authorization form and return to payments@unitedpetcare.com.
 - Or call 877-872-8800 Ext 815 to pay over the phone.

- Pay by ACH through your bank
 - Bank Name: Seacoast Bank
 - Bank Address: 815 Colorado Ave Stuart FL 34994
 - Beneficiary Name: United Pet Care, LLC
 - Routing Number: 067005158
 - Account Number: 2123198650
 - ACH ID: 0854151494

- Pay by ACH through United Pet Care (one-time or recurring)
 - Complete the attached ach authorization form and return to payments@unitedpetcare.com.

- **Please note:** If you do not want to send your credit card or ach information via the attached forms, you can request a payment link for each invoice you would like to pay. Please request the link for each invoice at the time of payment by emailing payments@unitedpetcare.com.



Credit Card Authorization Form

[PLEASE COMPLETE AND RETURN TO PAYMENTS@UNITEDPETCARE.COM](mailto:PAYMENTS@UNITEDPETCARE.COM)

Company Name: _____

Cardholder Name: _____

Billing Street Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Type: Visa Mastercard American Express Discover

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Charge Amount: _____

I authorize United Pet Care, LLC to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Please initial here and sign the bottom if you would like your credit card automatically charged monthly.

_____ I hereby authorize United Pet Care, LLC to charge my credit card monthly for payment of services on the following date _____. If United Pet Care, LLC is unable to process my payment; I will be responsible for an alternate payment arrangement and any resulting processing fees that may be incurred. This authorization is in effect until I notify United Pet Care, LLC otherwise in writing.

Cardholder - Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____



United Pet Care

Customer ACH Authorization Form

PLEASE COMPLETE AND RETURN TO PAYMENTS@UNITEDPETCARE.COM

Bank Account Name: _____ Customer: _____

Billing Street Address: _____

City: _____ State: _____ Zip Code: _____

Bank Routing Number: _____ Bank Account Number: _____

Type of Account: Business Checking Personal Checking

For a one time payment, initial here, complete Section A and sign at the bottom of the form. _____

OR

For recurring monthly payments, initial here, complete Section B and sign at the bottom of the form. _____

SECTION A - ONE TIME ACH PAYMENT	SECTION B - RECURRING ACH PAYMENT
ACH Process Date: _____	ACH Monthly Process Date: _____
Total Amount: _____	
Invoice #(s): _____	

Authorized Bank Signer - Print Name, Sign and Date Below:

Name: _____

Signed: _____

Dated: _____

I authorize United Pet Care, LLC to debit my bank account listed above. By signing this form, you give us permission to debit your account one-time for the amount indicated in Section A or each month if you are choosing a monthly recurring ach payment. You agree that it will be debited on or after the indicated date in the sections above. This is permission is only for the stated purpose and does not provide authorization for any additional unrelated debits or credits to your account.

If United Pet Care, LLC is unable to process my payment; I will be responsible for an alternate payment arrangement and any resulting processing fees that may be incurred. This authorization is in effect until I notify United Pet Care, LLC otherwise in writing.