

CONTACT INFORMATION

 Create new InstaMed account ID Link to existing InstaMed account ID:

PRIMARY CONTACT

Primary Contact Legal Name

Phone

Title

Email

BANK ACCOUNT INFORMATION

Bank account information is required for payer payment deposits. A voided check or bank letter is required.

Bank Name

Routing Number

Account Number

Note: A voided check or bank letter is required.

To prevent delays, please notify your bank(s) that InstaMed is authorized to debit the above bank account. This should be completed for the funding/settlement account as well as billing. Company IDs 9221883201 & 9221883202 should be added as approved billers if you have a debit block on your account.



AUTHORIZATION

By signing below, you agree to the pricing and terms of this Order Form and you confirm that the other information that you have provided in the Order Form is true and correct. You also agree to the Terms and Conditions set forth at www.instamed.com/terms_and_conditions JPMC or separately agreed to in writing by you and InstaMed, which are integral to, and form a part of, this Order Form. The parties consent and agree that this Order Form may be electronically signed. The parties agree the electronic signatures appearing on this Order Form are the same as hand-written signatures for purposes of validity, enforceability and admissibility.

Print Signer's Legal Name

Title

Signature

Date