



OptiMed Health Plans
4 Terry Drive Suite 1
Newtown PA 18940

Date: _____

Client Name: _____

Group Name: (if applicable): _____

Group Number (if applicable): _____

Signer's Name (please print): _____

Signature Collection Form

- You **MUST** use a black, fine-point felt tip pen.
- Only one Signer (sign same name 5 times) per form.
- All five samples must be signed.
- Stay within the box. Anything outside the box will be truncated.
- Do not fold this document – please return as an email attachment.
- For your signature to appear on checks properly your signature must fill the ENTIRE box, from top to bottom and side to side.

Sample Signature 1

Sample Signature 2

Sample Signature 3

Sample Signature 4

Sample Signature 5

Bank Account Information

Routing number: _____

Account Number: _____

What check number should we begin with: _____

Please include a copy of a voided check.