



ACH FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the crowdMGMT, LLC. Accounts Payable System. Recipients of this form should bring this information to the attention of their financial institution when presenting this form for completion. ***** All information collected on this form is required and will be used by crowdMGMT, LLC and its subsidiaries to transmit payment data, by electronic means to vendor's financial institution. Failure to provide requested information may delay or prevent the receipt of payment through the ACH payment system.***

This form must be filled out in its entirety. The original completed and signed form should be submitted to the attention of:

crowdMGMT, LLC | Attn: Accounting | 84 N. Summit Street | Southington, CT 06489

Email To: Accounting@crowdMGMT.com

Name of Bank: _____

Bank Address: _____

Bank Account Number: _____

ABA Number: _____

(The ABA number is the 9 digit number on the left of the bottom of your check)

Account Type: Checking _____ Savings _____ Corporate _____ Other _____

Full Name: _____

Address: _____

Email: _____

Signature: _____

Date: _____