



FINANCIAL INFORMATION

For your added convenience, Momentum ECM, LLC will securely retain automatic payment information for each of our valued clients. The provided bank account information will be used when requested to process payment of open invoices including: LSAP, Block Hours, Project materials and Project services.

Please complete the information requested on this sheet, and return via email to billing@momentumecm.com

ACH BANK ACCOUNT INFORMATION

NAME OF COMPANY: _____

ADDRESS OF COMPANY: _____

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

I authorize the bank account retained on file to be charged when requested for open invoices including: LSAP, Block Hours, Project materials and Project services..

SIGNATURE(S)

CLIENT

DATE: _____

Signature / Title

NAME: _____