Haddam Neck Covenant Church

17 Haddam Neck Rd.
East Hampton, CT 06424
officehncc@sbcglobal.net

Direct Debit Authorization Form

Contact Information

Name on Account: _____

Mailing Address: _____

City, State, Zip: _____

Bank Information

Name of Bank: _____

Type of Account: _____

Routing #: _____

Account #:_____

Amount: $_____ Frequency (circle one): Weekly | Monthly

Please note: *If desired, you may attach a VOIDED check to this form instead of completing the Bank Information.*

Haddam Neck Covenant Church is hereby authorized to auto-debit from the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Parishioner's Signature:

_____

Date: _____

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