



PO BOX 4962
Hilton Head Island, SC 29938
843.681.3399
www.hiltonheadislandcc.org

ACH Authorizing Withdrawal Form

Please use this form to automate your HHICC giving.

Designated Amount: _____

Check one: Weekly (Friday)
 Semi-Monthly (15th & last day of the month)
 Monthly (last day of the month)

Start date: _____ End date: _____

I/We authorize Hilton Head Island Community Church to initiate debit entries to the account listed below. My/Our account will remain subject to its individual terms and conditions.

I/We understand that this authorization will remain in force until the termination date stated above or until Hilton Head Island Community Church has received written notification from me/us for its termination. Notification will allow reasonable time for the church and depository to act.

Printed Name(s): _____

Contact Phone Number: _____

Contact Email: _____

Signature & Date: _____

ATTACH VOIDED CHECK HERE

