



## ST. MATTHEW'S EARLY EDUCATION CENTER AUTHORIZATION FOR AUTOMATIC WITHDRAWALS (ACH TRANSACTIONS)

*I hereby authorize St. Matthew's Early Education Center to initiate debit entries to my checking or savings account, as indicated below, for tuition/child care payments and fees owed for my child as of the following start date:*

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Please type or print **CLEARLY**:

Student's Name:			
Name on Bank Account:			
Name of Bank:			
Transit / ABA #:			
Account #:			
Please Circle One:	Checking	OR	Savings

This authorization will remain in effect until St. Matthew's EEC has received written notification of its termination at least **TWO WEEKS** prior to end date, or until the student's final charge is paid.

**Tuition will be pulled the FIRST of every month unless told otherwise (via email).**  
If your ACH declines 3 times, you will be terminated from automatic withdrawal payments and must pay by check or credit card.

Signature of Account Holder: \_\_\_\_\_

**FOR SCHOOL USE ONLY:**  
Date Received & Processed: \_\_\_\_\_