



**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:*

\_\_\_\_\_

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: \_\_\_\_\_