



# ST. MATTHEW'S EARLY EDUCATION CENTER AUTHORIZATION FOR AUTOMATIC WITHDRAWALS

(ACH TRANSACTIONS)

I hereby authorize St. Matthew's Early Education Center to initiate debit and/or credit 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: \_\_\_ / 1 / 2024

Please type or print CLEARLY:		
Student's Name(s):		
Name(s) on Bank Account:		
Name of Bank:		
Transit / ABA #:		
Account #:		
Please circle one:	Checking	Attach a voided check. (Not a deposit slip).
	Savings	Attach a blank deposit slip or information verification page from the bank.

**Payments will be deducted from the account on the FIRST of the month.**

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

Signature of Account Holder #1: \_\_\_\_\_

Signature of Account Holder #2: \_\_\_\_\_

For School Use Only:
Date Received: _____
Processed by: _____