



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 / 2023

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: _____