



Dear Parents,

We are offering parents the option to pay their tuition through automatic withdrawal from their bank accounts (ACH). This will allow you to have one less thing to remember each week. Weekly tuition will be withdrawn on Mondays. If you are interested please fill out the attached form and include a voided check. We will need this in the office 2 weeks prior to the ACH withdrawal. Please call the office at 651 777-6668 if you have any questions.

Sincerely,

Stacie Penn
Executive Director

Jodi Haas
Assistant Director



Automatic Tuition Payment Authorization

Name: _____ Child's Name: _____

Depository Name: _____

Branch: _____ Phone: _____

City: _____ State: _____ Zip: _____

Routing # _____

Account # _____

___ I have attached a voided check or savings deposit slip

Frequency of automatic withdrawal ___ weekly on Monday's

Amount: \$ _____ to begin _____ (date)

I authorize Carol Matheys Center for Children & Families Inc. to automatically withdrawal tuition payments from my account. I have attached a voided check or savings deposit slip. This will remain in effect until I give a 2 week written notification to terminate this authorization.

Printed Name(s)

Authorization Signature(s)

Date

Parent's email

Phone # 1st

Phone# 2nd