

Student Authorization to Charge

Credit Card Charge Authorization

My Credit Card is a VISA MASTERCARD DISCOVER

Name (as shown on credit card) _____

Credit Card Number _____ - _____ - _____ Exp. Date ____/____/____

Billing Address _____

City _____ State ____ Zip code _____ Phone Number (____) _____ - _____

I authorize Warner Pacific College to automatically charge my credit card for:

Application Fee (ONE TIME CHARGE); for application fee processing please provide:

ONE TIME

Full Social Security Number _____

Cohort _____

Registration Fee (ONE TIME CHARGE)

Specific amount \$ _____ Description: _____ (ONE TIME CHARGE)

Tuition, books, and fees one week prior to the start of each course (REOCCURRING CHARGE)

REOCCURRING

Tuition only, one week prior to the start of each course (REOCCURRING CHARGE)

Books and fees only, one week prior to the start of each course (REOCCURRING CHARGE)

TUITION DEFERRAL STUDENTS ONLY: Tuition, books and fees on the 31st day following a course. (REOCCURRING CHARGE)

↳ Preapproval from the Business office is required.

I agree to notify Warner Pacific College in writing of any changes in the status of the credit card(s) listed above, including cancellation of the credit card or changes in the expiration date. I understand that in the event my credit card is declined for payment, there will be a \$15 returned card fee, plus a \$25 late fee assessed to my account (all fees are subject to change).

I acknowledge that I have read and fully understand the information listed above. All my questions have been answered to my satisfaction.

Student Name _____ SSN _____
(Please PRINT) *Last 4 Digits ONLY*

Signature _____ Date _____