

STUDENT INFORMATION

LAST Name: _____
FIRST Name: _____ M.I.: _____
WPC ID #: _____

**Automatic
Payment Plan
Authorization
Form**



GUIDELINES:

- A payment will be deducted in an on-going basis until the student gives written notification of termination of this payment authorization to the Office of Student Financial Services or until the end date listed below.
- Credit Card Transactions resulting in declination of the card will be attempted again until approved. If not approved within 7 days, account will be subject to a \$25.00 service charge and possible termination of payment plan.
- A timely monthly payment must be received without interruption. Failure to meet approval requirements (i.e. repeated declination and/or deactivation of card) may result in retroactive service charges, plan termination, and possible collection action.
- A non-refundable enrollment fee equal to 5% of the balance financed will be charged to the student's account at the time the plan goes into effect.
- **Any unpaid balance after completion and/or termination of this payment plan is the responsibility of the student.**

STEP ONE Instructions: Complete payment method and plan information below. **PLEASE PRINT LEGIBLY**

Payment Method

Credit Card: Visa MasterCard (Circle one) Charged on the _____ day of each month

Card #: _____ Credit Card Expires: _____

Verification Code (Last three numbers below the signature line on back of credit/debit card) _____

Plan Information

Balance: \$ _____ 5 % Enrollment Fee: \$ _____ Total: \$ _____

Plan Length: _____ Months Monthly Payment: \$ _____

Beginning: _____, 20____ and ending: _____, 20____.

STEP TWO Account Holder Information

Name of Account Holder: _____

Address of Account Holder: _____

_____ Phone # of Account Holder: _____

Email Address—receipts will be emailed to this address: _____

STEP THREE

I give permission to the Office of Student Financial Services at Warner Pacific College to process a monthly payment from the above credit or debit card, to be applied to the above named student account, as per the information provided. I have read and understand the guidelines listed above. I understand that if my account is placed with a collection agency, I am responsible for all additional collections fees.

Student Signature _____ Date _____

Account Holder Signature _____ Date _____
(if person other than student)

SFS Approval _____ Date _____