

**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 returned ACH transaction will result in a \$25.00 service charge to the student account. Two returned transactions may result in retroactive service charges and plan termination.
- 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 plan total 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: Choose a payment method and complete information below. **PLEASE PRINT LEGIBLY**

<b>Payment Method</b>	<input type="checkbox"/> 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) _____
	<input type="checkbox"/> ACH—Attach Voided Check (Circle a withdrawal date)      5th      15th      25th
<b>Plan Information</b>	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: \_\_\_\_\_

**STEP THREE**

I give permission to the Office of Student Financial Services at Warner Pacific College to process a monthly payment from the listed account, 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 expenses.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if person other than student)  
SFS Approval \_\_\_\_\_ Date \_\_\_\_\_