

STUDENT INFORMATION

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

**Automatic
Payment Plan
Authorization**



GUIDELINES:

- A payment will be deducted on 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

Payment Method	<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
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: _____

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 _____