



**ADP Student
Payment Plan
Worksheet**

STUDENT INFORMATION:

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

PURPOSE OF WORKSHEET:

Please select the tuition management plan that best supports your financial needs. **A secondary plan must be selected even if the primary payment option covers 100 percent of the required cost of your program** (exception is the Pay & Go Plan). You may change your plan at any time by submitting a new signed payment plan worksheet to Student Financial Services.

SOURCE OF FUNDS:

Please select a Primary **AND** Secondary option.

Primary Secondary

 Financial Aid Plan: Federal Pell Grants, State Grants, and Stafford Loans (need and non-need based programs) are available for eligible students. You must pay tuition and fees, not covered by financial aid, on or before each payment due date in accordance with the terms under the Pay & Go Plan.

Have you filed your FAFSA? (Free Application for Federal Student Aid) Yes No

 Pay & Go Plan: In this plan you pay course by course. 100 percent of your payment must be submitted two weeks prior to each course start date.

 Corporate Tuition Deferment Plan: You may qualify for this plan if your company reimburses you for 100 percent of your tuition without proof of payment. The company policy must be approved and on file. Material fees are due two weeks prior to each course start date.

 Military/Veterans Benefits Plan: Military benefits vary, depending on your military service. Active Duty? Veteran? (submit copy of Certificate of Eligibility right away)
 Please indicate the branch of service here: _____

 Direct Bill Plan: An approved company tuition voucher must be received 2 weeks prior to each course start date. You must pay tuition not covered by direct billing two weeks prior to the first night of class. Your employer must pay 100 percent of your tuition directly to WPC in order for this option to be considered a primary option.

SIGNATURE:

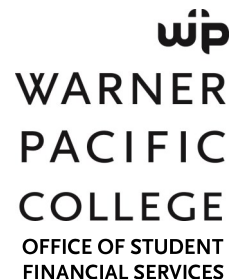
I have read and understand the above payment options and the stated policies and procedures of the Adult Degree Program (ADP) at WPC. I agree to pay WPC in accordance with the primary option that I have selected. I understand that I am financially responsible for all services rendered to me by WPC. Failure to comply with my financial agreement may result in holding of course grades and official transcripts, administrative withdrawal, assessment of late fees, referral to collections and an unfavorable credit reference. I agree to notify WPC of any changes in my current address and phone number. I agree that my selection of the primary finance option is voluntary, and the terms and conditions of payment are not contingent upon my receipt of a grade, invoice, statement or reimbursement by my employer or qualification for financial aid.

Student Signature _____ Date _____

STUDENT INFORMATION

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

**Student Refund
Authorization
Form (ADP)**



OPTION 1: DIRECT DEPOSIT

Important! Please read and sign before completing and submitting.
I hereby authorize Warner Pacific College (WPC), either directly or through its service provider, to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by WPC, either directly or through its service provider, to my account. In the event that WPC deposits funds erroneously into my account, I authorize WPC, either directly or through its service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit. When an account refund is direct deposited, I will receive an email advice detailing the amount(s) deposited.
This authorization is to remain in full force and effect until WPC has received written notice from me of its termination in such time and in such manner as to afford WPC and Bank reasonable opportunity to act on it.

Account Information
The account number is not your debit card number.

Bank Name/City/State: _____
Routing/Transit #: _____ Account Number: _____
 Checking Savings Other (not debit card)

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found. Please note, however, that not all checks use this numbering system, for best results **also attach a voided check**.



Routing/Transit #
(A 9-digit number found between these two marks)

Checking Account # (not your debit card number)

Check #
(This number matches the number in the upper right corner of the check – not needed for direct deposit)

OPTION 2: PAPER CHECK

By leaving the direct deposit account information above blank, you are requesting that all money due to you from WPC be issued by paper check and mailed to your preferred mailing address filed with the Office of the Registrar. Balances held to pay for future charges (especially books) will be refunded at the end of each academic year either by direct deposit (if account information submitted above) or paper check mailed to the preferred mailing address.

STUDENT SIGNATURE (REQUIRED)

I hereby authorize WPC to use the method indicated above to refund any student account credit balances and/or expense reimbursements or other expense payments due me.

Student Signature: _____ Date: _____