

# Student Reoccurring Authorization to Charge

## Credit Card Charge Authorization

My Credit Card is a  VISA  MASTERCARD  DISCOVER

Name (as shown on credit card) \_\_\_\_\_

Credit Card Number: (Last four digits only\*) \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip code \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*\*For the security of your credit card information we require you to only list the last four digits of your credit card number with your expiration date and billing information. To complete your reoccurring authorization, in addition to this form, you must call (503) 517-1550 to speak with a Business Office Representative and provide us your full credit card number which will be stored in our computer system for future processing.*

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

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

REOCCURRING

↳ 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 \_\_\_\_\_ (Please PRINT) SSN \_\_\_\_\_  
**Last 4 Digits ONLY**

Signature \_\_\_\_\_ Date \_\_\_\_\_