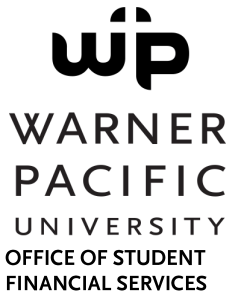


**STUDENT INFORMATION**

LAST Name: \_\_\_\_\_  
FIRST Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
WPU 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 University 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 \_\_\_\_\_