

# Payment Plan Agreement

## Automatic Monthly



- 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.
- A hold will be placed on the student's transcript until the balance is paid in full. To receive a transcript, the balance on the student's account must be paid in full.
- Credit Card Transactions resulting in declination of the card will be attempted again until approved. If not approved within 7 days, the student's 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 1 - STUDENT INFORMATION

**PLEASE PRINT LEGIBLY**

_____	_____	_____	_____
Last Name	First Name	M.I.	WPU ID Number
_____		_____	
Phone Number (include area code)		Email address (primary contact method)	

### STEP 2 - PLAN INFORMATION

<b>Plan Information</b>	Balance: \$ _____ 5 % Enrollment Fee: \$ _____ Total: \$ _____
	Plan Length: _____ Months Monthly Payment: \$ _____
	Beginning: _____, 20____ and ending: _____, 20____
<b>Payment Method</b>	Credit/Debit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard (Check one) Charged on the _____ day of each month
	Card #: _____ Credit/Debit Card Expires: _____
	Verification Code (Last three numbers below the signature line on back of credit/debit card) _____

### STEP 3 - CARD ACCOUNT HOLDER CONTACT INFORMATION

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	Phone Number (include area code)	Email address (receipts will be emailed to this address)
_____			_____	_____
Card Statement Mailing Address (include apartment number)			City	State Zip Code

### STEP 4 - REQUIRED SIGNATURES ON THIS FORM

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 collection fees.

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

Card Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if person other than student)

SFS Approval \_\_\_\_\_ Date \_\_\_\_\_