

Payment Plan Agreement

Two Per Semester



- 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.
- Missed and/or late payments may result in retroactive service charges, plan termination, and possible collection action.
- **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

Plan Information	I agree to pay each semester in two payments: Half of each semester's balance by the original payment due date for the semester and the remainder of the semester balance by the mid-point of the semester. Specifically, the due dates are:	
	Fall Semester: August 1, 2019 (or immediately if signed after 8/1) October 15, 2019	Spring Semester: December 15, 2019 (or immediately if signed after 12/15) March 15, 2020
Payment Method	Please charge my credit/debit card on the dates listed above. <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard (Check one)	
	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 _____

WARNER PACIFIC UNIVERSITY

OFFICE OF STUDENT FINANCIAL SERVICES

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---Office Use Only--- ARAC PERC HOLD Date Tracker TIL Virtual Terminal-Aug: Oct: Dec: Mar: