

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 Accounts 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**, the student's account will be subject to a \$25.00 service charge and 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

Plan Information	Balance: \$ _____ 5 % Enrollment Fee: \$ _____ Total: \$ _____
	Plan Length: _____ Months Monthly Payment: \$ _____
	Beginning: _____, 20____ and ending: _____, 20____
Payment Method	Credit/Debit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard (Check one) Charged on the <input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th day of each month (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 Email address

(include area code) (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

A hand written signature, not typed, is required.

I give permission to the Office of Student Accounts 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 ACCOUNTS

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---Office Use Only--- ARAC _____ PERC _____ HOLD _____ Enrollment Fee _____ TIL _____ Virtual Terminal _____