Payment Plan Agreement

Two Per Semester

WARNER PACIFIC UNIVERSITY

- 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 $26.00 service charge and 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, 2026 (or immediately if signed after 8/1)
October 15, 2026

Spring Semester:
December 15, 2026 (or immediately if signed after 12/15)
March 15, 2027

Payment Method

Please charge my credit/debit card on the dates listed above. ☐ Visa ☐ 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

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
2219 SE 68th Avenue · Portland, OR 97215 503.517.1207 503.517.1352 warnerpacific.edu

—-Office Use Only—- ARAC _____ PERC _____ HOLD _____ Email: Oct: ____ Dec: ____ Mar: ____ Virtual Terminal-Aug: ____ Oct: ____ Dec: ____ Mar: ____