

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 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.
- 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, 2025 (or immediately if signed after 8/1) October 15, 2025	Spring Semester: December 15, 2025 (or immediately if signed after 12/15) March 15, 2026	
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

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 _____ Email: Oct: _____ Dec: _____ Mar: _____ Virtual Terminal-Aug: _____ Oct: _____ Dec: _____ Mar: _____