

Payment Plan Options Form

I. Student Acknowledgement of Responsibility

Student Name: _____
LAST NAME
FIRST NAME
MIDDLE NAME

Address: _____
NUMBER AND STREET OR ROUTE AND BOX
CITY
STATE/PROV.
POSTAL/ZIP CODE

Phone: _____ Cell: _____ E-mail: _____

By signing I understand that I am ultimately responsible for the payment of tuition, room, board, and fees associated with my attendance and that failure to do so may result in my dismissal from school. I also understand that my account may be released to collections for non-payment.

Student's Signature: _____

II. Payer Information: Person paying student bill: Student (proceed to section III) Other (complete below)

Name: _____
LAST NAME
FIRST NAME
MIDDLE NAME

Address: _____
NUMBER AND STREET OR ROUTE AND BOX
CITY
STATE/PROV.
POSTAL/ZIP CODE

Phone: _____ Cell: _____ E-mail: _____

III. Payment Options (Check only one option)

- 1. Payment in Full:** Return the top portion of the enclosed statement with your check or credit card information for payment in full of the amount due. Please indicate amount enclosed on the slip. No late fee or finance charges apply when balances are paid in full within 30 days. Please make sure to return this form with your payment.
- 2. Monthly Check Payments*:** I agree to mail monthly payments by Check to the address below. I will mail my check to arrive by the 15th of each month from August – December for the fall semester and from January – May for the spring semester. Each semester has five monthly payments due. Subsequent payments will be made by dividing the balance due by the number of months remaining in the billing period. A \$50 fee per semester will be added for installment plans. Please make sure to include this form and the top portion of your statement with your first payment.
- 3. Monthly Credit Payments*:** I authorize Word of Life to charge my credit card monthly on the 15th of each month. Please return before August 15th to make the first payment deadline. I understand my card will be charged on the 15th of each month from August – December for the fall semester and from January – May for the spring semester. A \$50 fee per semester will be added for installment plans. Amount charged will be the balance due divided by the number of months remaining in the billing period.

Visa MasterCard Discover Card Number: _____ - _____ - _____
 Name on Card: _____ Expiration Date: _____ 3 Digit Security Code: _____

Signature of Card Holder: _____

- 4. Monthly Electronic Funds Transfer (EFT)*:** I authorize Word of Life to withdraw payments monthly on the 15th of each month from my checking account. I will not be charged any late fee or finance charge for this program. Please return before August 15th to make the first payment deadline. I understand my checking account will be charged on the 15th of each month from August – December for the fall semester and from January – May for the spring semester. A \$50 fee per semester will be added for installment plans. Amount charged will be the amount due on your account statement at the beginning of each semester divided by five payments. **I have attached a voided check to this form in order that EFT may be established with my checking account.**

Bank Name: _____ Signature of Account Holder: _____
 Branch Phone: _____

***No monthly interest is charged on outstanding balances for these payment options.**

Mailing Instructions:

1. Make sure that sections I, II and III are completely filled out according to the instructions in each section.
2. Mail form, initial payment and/or any additional information required to:

Business Office
 Word of Life Bible Institute
 PO Box 129
 Pottersville NY 12860

Contact Us: 800-331-9673
 Bob Gray Business Office bobg@wol.org
 Jim Henson Financial Aid jimhen@wol.org
 Kendra Lytle Financial Aid kendralytle@wol.org