

Pre-Authorized Payment Plan and Agreement [Fall 2019]



WORLD MISSIONS COLLEGE of the
GREATER WASHINGTON

The Pre-Authorized Payment Plan and Agreement is intended to help students pay the cost of their higher education during the academic year. There is no interest, payment options are flexible, set up fees are affordable, and it's easy to enroll. Regarding the payment itself, students are expected to adhere to the college's payment policies in the catalog in addition to this agreement. The catalog can be found on www.wmcgw.org/catalog. If you wish to enroll the Pre-Authorized Payment Plan and Agreement, please carefully read all the information provided and fill out this agreement. If you have further questions, contact school office contactwmcgw@gmail.com.

Please complete the information below

SECTION 1: PERSONAL DETAILS

[Please mark one: ☐ NEW ☐ RESUBMISSION]

Student ID

Name

Program

Contact Number

E-mail

SECTION 2: PAYMENT DETAILS

1. Select A Payment Plan

☐ Full Payment Date: _____

☐ Installment Plan (College requires the payment of a multiple-installment fee of \$20 to compensate additional efforts to maintain and process the multi-installment plan dates and amounts are established and posted further in this agreement and school calendar.)

[Full Time Student]

☐ Plan 1: 1st Due on 8/2/19 (50% of Tuition + \$20 Installment Plan Fee)

2nd Due on 9/3/19 (50% of Remaining Balance + Fees)

3rd Due on 10/2/19 (Remaining Balance + Fees)

☐ Plan 2: 1st Due on 8/16/19 (50% of Tuition + \$20 Installment Plan Fee)

2nd Due on 9/3/19 (50% of Remaining Balance + Fees)

3rd Due on 10/2/19 (Remaining Balance + Fees)

2. Select a Payment Method

☐ Cash Memo: _____

☐ Check Owner of this Check: ☐ Self ☐ Other

1st: \$ _____ Check No. _____

2nd: \$ _____ Check No. _____

3rd: \$ _____ Check No. _____

*There is a \$35.00 fee for each check returned due to non-sufficient funds or stop-payment.

*If you are using someone else's check, we are going to need to have a copy of that person's government issued identification card, and a letter signed by that person indicating that they are authorizing you to use their check.

☐ I understand that my information will be saved to for future transactions on my account.

* Please note that since student can enroll in a full payment plan before the university has posted tuitions and fees to the student account, we will periodically rebalance payment plan to match the student account balance when it has changes. Automatic rebalancing makes sure student account balance will be paid in full by the end of the payment period*

SECTION 3: DECLARATION/CONSENT

I declare that the information contained on this form is complete and correct. I agree to the conditions of the Pre-Authorized Payment Plan arrangement and I have read and understood the WMCGW Tuition and Fees Policy.

SIGNATUR: _____ DATE: _____

Please submit this form via secure fax to 703-691-4309, by mail, or in person. If you have any questions or concerns about making payments with this form, please contact School Office via email: contactwmcgw@gmail.com. Do not email form with your personal information