WESTERN THEOLOGICAL SEMINARY

ENROLLMENT FORM FOR
DEFERRED PAYMENT PLAN

Name of student _____________________________________________________________

Academic period covered by plan (please circle) FALL 2014 SPRING 2015

Please acknowledge each of the follow components of the plan with your initials:

___ A $25 charge will be charged to my account each semester in which I use the DPP.

___ I will pay my bill in 4 or fewer monthly installments.

___ Each month a 1% interest charge based on the outstanding balance will be added to my account.

___ All balances must be paid in full by the end of the semester.

___ Payments can be made with cash, check, credit card or EFT.

Signature of Student _________________________________ Date________________________

Please return form with first payment.