

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.