

KANSAS WESLEYAN UNIVERSITY

Enrollment and Financial Services, PH285, 100 E. Claflin, Salina, KS 67401

Telephone: (800) 874-1154 or (785) 827-5541, ext. 1260 FAX: (785) 404-1485 E-mail: finaid@kwu.edu

2009-2010 PAYMENT SELECTION FORM

Our records indicate you will have a remaining cost (see cost worksheet for expected amount) after financial assistance is received. Please indicate your selection of payment below (after consultation with your family, if applicable).

PAYMENT IN FULL ON OR BEFORE REGISTRATION DAY EACH SEMESTER

AUTOMATIC BANK DRAFT-- I authorize Kansas Wesleyan University to deduct tuition and other educational costs from my checking account. For those students receiving financial assistance, the Cost Worksheet will assist in determining the amount for the Automatic Bank Draft Program for each semester. I understand the payment deductions will occur on the following dates: Fall 2009—September 4, October 5, November 5, December 5; Spring 2010—January 15, March 5, April 5, May 5. I may discontinue the program at any time by contacting the Business Office at Kansas Wesleyan University. This action may cause termination of classroom, residence hall, and cafeteria privileges. The automatic bank draft fee is \$25 each semester. A \$10 fee will be charged for payments delayed beyond the publicized due date.

Check one:

_____ Continue to use the same bank account information as used in previous terms.

_____ New account information—complete the following information. Attach a check copy or voided check.

_____ Print Name (as it appears on Checking Account)

_____ Signature

_____ Date

_____ Street Address

_____ Name of Bank, Location of Bank (City and State)

_____ City, State, Zip Code

_____ Daytime Phone Number of Account Holder

PARENT (PLUS) LOAN--available to parents of dependent students. Parents with good credit rating may borrow up to the cost of attendance less other assistance. Requires master promissory note and authorization form.

_____ Parent's Name

_____ Parent's Signature

_____ Date

_____ Parent's Street Address

_____ Parent's SS#

_____ Parent's Birthdate

_____ Parent's City, State, Zip Code

_____ Telephone Number

_____ Driver's License Number

SIGNATURE EDUCATION ALTERNATIVE LOAN—credit based loans for students, deferred for half time or greater, and a six month grace period after school before repayment begins. Apply for the entire year; funds are disbursed each semester. Allow a minimum of 4-6 weeks to complete the process. A co-signer is recommended, required for freshmen or students with no/low credit scores. Interest rate based upon credit.

1. Apply online at www.opennet.salliemae.com.
2. Sign the loan electronically (speeds up the process by eliminating the mail time)
3. Have your co-signer sign electronically (give them the password or PIN # that Sallie Mae issued to you).
4. KWU will receive an e-mail notifying us to certify your enrollment here, therefore allowing Sallie Mae to release the funds to the school into your account each semester.
5. To check the status of your application, call 1-800-695-3317.

_____ Student's Name

_____ Social Security Number

_____ Date