
FINANCIAL SUPPORT AGREEMENT

*Student's information (to be completed by **Student**)*

Student Name			
Phone number:		Email:	
Proposed term of Support	☐ 1st Semester 2026	☐ 2nd Semester 2027	

*Sponsor's Information (to be completed by **Sponsor**)*

Sponsor Name/Organization			
Contact Person (if an Org.)		Title:	
Address:			
Phone number:		Email:	
Relationship to student:			

Financial Support Agreement:

I, or the organization I represent, pledge to provide the financial assistance to the student named above in order to assist with her/his tuition expenses during the course of studies at Ouachita Hills College.

___ **Support Plan.** All balance has to be paid out by the end of the semester term. To support with their tuition, you agree to pay OHC under the following terms: *(check one)*

- ☐ - Option 1: Commit to pay off the balance in full amount of _____ on _____
- ☐ - Option 2: Commit to make a monthly support of \$ _____ for ___ months starting on _____
- ☐ - Option 3: Other. *(please explain)*

___ **Payment Instructions.** Payment will be made to OHC under the following instructions: *(check one)*

- ☐ - pay ACH directly to OHC's bank account: _____
- ☐ - pay with a Credit Card (1.7% fee will be added). Please complete the Card Authorization Form *(attached)*.

___ **Good Faith Agreement.** Both the student and OHC are relying on your good faith agreement, as outlined above, to financially assist and therefore enable the student to pursue their studies. Should you fail to honor this agreement, your actions will have serious consequences on the student's ability to continue studying at OHC, to the extent that it may result in the student being required to withdraw from OHC due to lack of resources to support her/his tuition expenses. Should unforeseen circumstances prevent you at any time from continuing your financial support, please notify the student as well as OHC at your earliest possible convenience.

By completing this form and signing the below, you are acknowledging that you have read and understand the significance of this commitment and agree to honor your pledge to this student barring an unforeseen lack of funds.

Student Signature: _____ Date: _____

Signature of Sponsor: _____ Date: _____

For Student: Please submit this along with the Financial Planning Worksheet to get your financial clearance for your registration.

Card authorization form

I, _____ (Buyer name), give permission to _____ (Business name) to charge my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

Amount authorized_____
Cardholder email_____
Phone Number*All fields required*

Card information

Card type

- ☐ MasterCard
- ☐ Discover
- ☐ VISA
- ☐ AMEX

Cardholder (Name on card)_____
Card number_____
CVV☐ Other __________
Expiration date
(MM/YYYY)_____
ZIP code
(From credit card billing address)

Recurring payments information

Charge every: (circle one)

Week Month Quarter Other _____

☐ Email receipts☐ Mail receipts to:Charge on this date _____
(For example, the 1st of every month)_____
Payment amount_____
Product / service soldTo cancel, contact: _____
(Name and email)_____
Terms of agreement

(For example, cancellations must be received 1 week prior to expected billing date)

Customer signature_____
Date

Electronic Fund Transfer Authorization Form

I (we) hereby authorize **Ouachita Ministries, Inc dba Ouachita Hills College** to initiate entries to my (our) checking/savings accounts at the *Financial Institution* as listed below and, if necessary, to make any adjustments for any transactions credited/debited in error. This authority will remain in effect until **Ouachita Ministries, Inc dba Ouachita Hills College** is notified by me (us) in writing to cancel it in such time as to afford **Ouachita Ministries, Inc dba Ouachita Hills College** and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. I (We) acknowledge that the initiation of ACH transactions to our account must comply with the provisions of U.S. law.

Name _____

Address _____

City _____ State, Zip _____

Contact Phone Number _____ Email _____

Financial Institution Information:

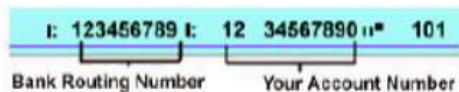
Financial Institution Name _____ Location of Financial Institution (City/State) _____

Routing Transit Number _____ Account number _____ Account Name _____

Check one: ☐ Checking Account ☐ Savings Account

Please attached one of the following to evidence proof of account:

Check one: ☐ Void Check ☐ Bank Letter or Specification Sheet



Authorized Signature(s) _____ Name _____ Date _____

Authorized Signature(s) _____ Name _____ Date _____

****Please return the
completed form**

Via mail:
Ouachita Hills College
P.O. Box 170
Amity, AR 71921

Via email:
cfo@ohc.org

Attached Void Check