

*****FORMS MUST BE COMPLETED IN BLACK INK ONLY*****

PACT/PREPAID COLLEGE FUNDS

I would like to request that my PACT or Prepaid College from _____
Fund be billed for my tuition. *(State holding prepaid funds)*

Student Name: _____

Student SSN: _____

Student ID#: _____

Student DOB: _____

Street Address: _____

Phone Number: _____

Please bill for any outstanding tuition and fees for: *(check terms below and enter year)*

Fall Spring Summer _____
(Academic Year)

Please bill regardless of any other financial aid I might have.

I am aware that if my Prepaid College Funds do not pay any portion of my charges, I will be responsible for the balance due immediately.

(Student Signature)

(Date)

Initials _____ If it is Florida Prepaid, you will be required to attach a copy of your letter with our school's name and amounts in which they will pay to this form.

Initials _____ If it is Mississippi Pact, you will be required to attach a copy of your letter with our school's name and amounts in which they will pay to this form. You will also be required to pay the \$25 processing fee.

Please note that processing may take 7-10 business days after documents are received. Processing time may be longer during peak processing times.

MAIL, FAX, OR EMAIL THIS FORM USING THE INFO BELOW...

Coastal Alabama Community College
Financial Aid
1900 Highway 31 South
Bay Minette, AL 36507
FAX: 251-580-2182
EMAIL: financial_aid@coastalalabama.edu