



**\*\*\*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](mailto:financial_aid@coastalalabama.edu)