

Central Alabama Community College

AUTHORIZATION TO USE PACT

FUNDS FOR TUITION AND/OR FEE PAYMENT

PRINTED STUDENT NAME: _____

I authorize Central Alabama Community College to bill my Prepaid Affordable College Tuition (PACT) account to pay all applicable tuition and/or fee charges for the current academic year as indicated below. I understand that I am responsible for paying any and all charges that cannot be billed to this program. I also understand that I am responsible for notifying the Financial Aid Office at Central Alabama Community College in writing **PRIOR TO THE FIRST DAY OF CLASSES** if I wish to use a method of payment other than PACT. Payment for tuition and fees will be required at the time the student registers and/or by the posted tuition deadline date.

Please check the semesters you wish to use PACT:

_____ Fall Semester 2018	_____ Tuition	_____ Fees
_____ Spring Semester 2019	_____ Tuition	_____ Fees
_____ Summer Semester 2019	_____ Tuition	_____ Fees

Student Signature: _____ Date: _____

Social Security Number: _____ Student Number: _____

****All requests for PACT to be billed for reimbursement must be made directly to the Business Office.**

=====
For Office Use Only:

Tuition _____ Fees _____ Received _____ Set-up _____