

# PACT/PREPAID COLLEGE FUNDS

I would like to request that my PACT or Prepaid College Fund from \_\_\_\_\_ be billed for my tuition and fees.  
(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: (circle 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

\*\* 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.

\*\* 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.