



BEVILL STATE COMMUNITY COLLEGE

AUTHORIZATION TO USE PACT (pre-pay a child's tuition) FUNDS FOR TUITION AND FEE PAYMENT

STUDENT NUMBER: _____ SOCIAL SECURITY #: _____

STUDENT NAME: _____

I authorize Bevill State Community College to bill my Prepaid Affordable College Tuition account (PACT) to pay all applicable tuition and fee charges for the current semester(s) as indicated below. I understand that I am responsible for paying any and all charges not paid by this program. I understand that I am responsible for submitting this form to the Office of Student Services at Bevill State PRIOR TO THE FIRST DAY OF CLASSES.

Please indicate below the semester(s) that you desire to use your PACT:

SEMESTER(s): _____

Please check one: Tuition and Fees: Tuition ONLY

If you are receiving other funds covering tuition and fees and you want to receive the remainder of the eligible amount, please complete a Check Request Form and submit it along with this form to the Office of Student Services. PACT funds will be disbursed after payment is received from PACT.

Student Signature: _____ Date: _____

For FASCPC Office Use Only

Tuition: _____ Fees: _____ Received By: _____ Date: _____

Bevill State does not discriminate on the basis of race, color, national origin, sex, disability, or age in its admissions, programs and services in compliance with Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title IX of the Educational Amendments of 1972, and the Americans with Disabilities Act of 1990.

Fayette Campus
2631 Temple Avenue N
Fayette, AL 35555

Hamilton Campus
1481 Military Street S
Hamilton, AL 35570

Jasper Campus
1411 Indiana Avenue
Jasper, AL 35501

Sumiton Campus
101 State Street
Sumiton, AL 35148