

SOUTHERN UNION STATE COMMUNITY COLLEGE

AUTHORIZATION TO USE PACT FUNDS FOR TUITION AND FEE PAYMENT

STUDENT NAME _____

I authorize Southern Union State Community College to bill my Prepaid Affordable College Tuition account to pay all applicable tuition and 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 Southern Union in writing **PRIOR TO THE FIRST DAY OF CLASSES** if I wish to use a method of payment other than the PACT. Payment for tuition and fees will be required at the time the student registers.

Please check the semesters that you desire to use the PACT:

_____ Fall Semester _____ year

_____ Spring Semester _____ year

_____ Summer Semester _____ year

Student Signature _____ Date _____

Social Security Number _____ Student Number _____

*****If a student wants PACT to be billed for reimbursement, you must contact Ramona in the Business Office.***

For Office Use Only

Tuition _____ Fees _____ Received _____ Set-up _____

Wadley Campus
P.O. Box 1000
Wadley, AL 36276
256/395-2211

Opelika Campus
1701 LaFayette Pkwy.
Opelika, AL 36801
334/745-6437

Valley Campus
Fob James Drive
Valley, AL 36854
334/756-4151