



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 (PACT) 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 that time.

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

_____ **Fall Semester** _____yr

_____ **Spring Semester** _____yr

_____ **Summer Semester** _____yr

Student Signature _____ Date _____

Social Security Number _____ Student Number _____

Phone Number _____

****If a student wants PACT to be billed for reimbursement, you must contact:**

Christine Cupp, Business Office at ccupp@suscc.edu.

For office use only

Hours: _____ Fees: _____ Exp. Year: _____ Received by: _____ Setup date: _____