



**BACCALAUREATE EDUCATION SYSTEM TRUST**

P.O. BOX 198786 ♦ NASHVILLE, TN 37219-8786  
TOLL-FREE: 1-888-486-2378 ♦ LOCAL: 615-532-8056  
FAX: 615-401-6816 ♦ EMAIL: BEST.OFFICE@TN.GOV  
WEBSITE: TNBEST.COM



**PAYMENT REQUEST:**  New  Modify/Override  Additional

Student Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Contract ID: \_\_\_\_\_

Preferred Method of Contact (*phone, email*): \_\_\_\_\_

This form may only be completed by the Purchaser or Beneficiary of a BEST Prepaid Contract. Each tuition unit entitles the Beneficiary to an amount equal to one percent (1%) of the weighted average tuition (WAT) during the academic year in which the unit it used. The WAT unit payout value is recalculated annually on August 1<sup>st</sup> and is effective until July 31<sup>st</sup> of the following year. Please contact a BEST customer service representative to determine the number of units that are available on your contract for use. Visit our website at [tnbest.com](http://tnbest.com) for information about the current WAT unit payout value.

**SECTION A - PAYMENT TO SCHOOL**

Payments to Tennessee public schools will be processed once we have received them in our office. A voucher letter will be mailed to the Beneficiary's address on record. To confirm the address in our records, please call our customer service hotline. The **Beneficiary should take the voucher letter to the institution.** It typically takes 5-7 business days for you to receive the voucher by mail. Therefore, the payment request form must be received in our office no fewer than 5-7 business days before the school's tuition deadline.

For out-of-state schools or private schools in Tennessee, a check will be mailed by BEST directly to the institution. It typically takes 10-12 business days for the school to receive the payment. Therefore, the payment request form must be received in our office no fewer than 10-12 business days before the school's tuition deadline.

Please enter the name and address of the institution of higher education in this section if you would like BEST to make a payment directly to the institution.

School Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Amount Requested: \$ \_\_\_\_\_ OR Units Requested: \_\_\_\_\_ Semester: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(See page 2, Section D, for authorization.)

