

# SAGRADO

Universidad del Sagrado Corazón

## ASISTENCIA INTEGRADA

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### CREDIT CARD AUTHORIZATION

Fax (ASI) 787-268-8867

email: [asi@sagrado.edu](mailto:asi@sagrado.edu)

I hereby authorize the Universidad del Sagrado Corazón to charge my credit card:

VISA

MASTER CARD

AMERICAN EXPRESS

DISCOVER

With the amount of \$ \_\_\_\_\_ for \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

\*CID number \_\_\_\_\_

Driver's license number \_\_\_\_\_

Student name \_\_\_\_\_

Student ID number \_\_\_\_\_

Telephone or email address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send this form with a copy of driver's license or another identification with signature.**

**\*The CID number is only required for American Express.**

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