



ASISTENCIA INTEGRADA
CREDIT CARD AUTHORIZATION

Fax (ASI) 787-268-8867

email: 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.**