



WWW.ASA.EDU

CREDIT CARD AUTHORIZATION FORM

INSTRUCTIONS:

1. Complete form with credit card billing information.
2. Sign where indicated.
3. A copy of the front and back of an unexpired photo ID is to be submitted with this form to the Student Accounts Office either in person, via fax, or by mail.

MAIL: ASA College
One Herald Center
New York, NY 10001

IN PERSON: Room 409

ATTN: Student Accounts Department **FAX:** (212) 672-0370

**Denotes required fields:*

*Date:		*In reference to: <i>(Student's Name & ID Number)</i>	
*Cardholder Name:			
*Credit Card:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
*Card Number:		*CVV Code:	*Expiration Date:
*Billing Address:			
*Email Address:			

I authorize ASA College to charge my credit card in the amount of \$ _____ on the **(check one):**
15th **or 30th** of each month until my student account is paid in full.

*Print Name:		Date:	
*Signature:		Date:	

Non scholae, sed vitae discimus!