

Hialeah Campus:
530 W 49th St,
Hialeah, FL 33012



Phone: 786-279-2643
Fax: 305-364-3740
www.asa.edu

CREDIT CARD AUTHORIZATION TO ASA College-Miami Campus

Note: I represent that I am the legal owner of this card

Student's Name _____ Date _____

Student's ID/SSN# _____

Card Holder Name: _____ Exp. Date ____/____

Credit Card Number _____

Credit Card Type: _____ Credit Card Security Code: _____

Credit Card Holder Address: _____

Relationship to Student _____

Amount Authorized: _____

Authorized Signature: _____

Email to:

1. sramallo@asa.edu
 2. adelgado@asa.edu
 3. vuskokovic@asa.edu
- or hia_student_accounts@asa.edu