

Replacement Fee Payment Form

If you would like to pay your replacement fee(s) via FAX or US Mail, please complete the following form. If you are using a MasterCard or VISA you will need to include the information requested below.

NAME OF STUDENT	
CAMPUS ID NUMBER	
AMOUNT TO BE PAID	
MASTERCARD OR VISA NUMBER	
EXPIRATION DATE	
NAME OF CARDHOLDER	
SIGNATURE OF CARDHOLDER	
ADDRESS WHERE RECEIPT IS TO BE MAILED	

FAX number: (325) 942-2240

Mailing Address:

ASU OneCard Office
ASU Station 11036
San Angelo, TX 76909-1036

Please contact the OneCard Office at (325) 942-2331 if you have any questions.

The information you provide is maintained by the University. You have the right to review this information by contacting the OneCard Office.