

Replacement Card Fee Payment Form

To pay a Replacement Card Fee using a credit or debit card, please **complete, print,** and **SIGN** the form, then either fax or mail it to us.

Note: For security reasons, we do not accept forms with credit card information through email.

Name of Student:	
Campus ID Number:	
Payment Amount:	
Cardholder's Name:	
Contact Number:	
Card Number: <i>(MasterCard, VISA, Discover or American Express)</i>	
Expiration Date:	
Zip Code:	
Signature of Cardholder:	
*Optional Email address: <i>(If you want us to send an email confirmation that the payment has been processed)</i>	

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.