

Face to Face High Value Card Transactions - AML Compliance Required

If the Card transaction is greater than \$1,000 for an individual or \$3,000 for a corporate order (any tender type) anti-money laundering legislation requires completion of the following form. This information will remain strictly confidential. Note the required fields. If individual cards exceed the single card maximum load amount of \$500, please submit a list including the following for each card: card number, load amount and recipient name.

**Required Fields*

*Purchaser Information

(Anti-money laundering legislation requires Identification verification of an individual on face to face high value card transactions. Individual or Company Representative personal information should be entered below.)

*Last Name _____ *First Name _____

*Address _____ *City _____

*State/Province _____ *Zip/Postal Code _____ Phone _____ DOB _____

*Government Picture ID Used to Verify Identity _____ *Number _____

*Expiry Date of ID _____ *Place of Issuance _____

Acceptable Health Cards Are: BC Services Card or Quebec Health Card (only if offered as ID)

*Company Information *(Required for Company Purchase only)*

*Company Name _____

Principal Occupation/ Principal Business _____

*Address _____ *City _____

*State/Province _____ *Zip/Postal Code _____ Phone _____

*Use of Cards

☐ Gift ☐ Promotion ☐ Nonprofit/Fundraiser ☐ Customer Incentive ☐ Other _____

*Transaction Information

***Fields may be left blank for initial submission if transaction requires Store Financial or sponsor bank approval.*

*Card Program Name _____ **Transaction Date _____

**CardSpot[®] Transaction Number _____ *Total Transaction Value _____

*Number of Cards _____ *Tender Type (check, credit, debit) _____

*Card Program Representative Name _____

Fax This Form to Store Financial 866-283-1259