

# 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 (Completed By Customer Service Representative)*

## \*Purchaser Information

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

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_

\*Address \_\_\_\_\_ \*City \_\_\_\_\_

\*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ DOB \_\_\_\_\_

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

\*Company Name \_\_\_\_\_

Principal Occupation/ Principal Business \_\_\_\_\_

\*Address \_\_\_\_\_ \*City \_\_\_\_\_

\*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

## \*Picture ID Used to Verify Identity

Driver's License: \*State \_\_\_\_\_ \*Number \_\_\_\_\_  Passport: \*Country \_\_\_\_\_ \*Number \_\_\_\_\_

Other (Government Issued): \*Description \_\_\_\_\_ \*Number \_\_\_\_\_

## \*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<sup>®</sup> 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***