

FOREIGN DRAFT ORDER

(Minimum of \$100.00 USD)



This form is interactive - Please complete online & print

Name _____ Phone Number _____
Address _____
City _____ State/Country _____ Zip Code +4 _____
Birthdate (individual only) _____ Social Security Number / Tax ID _____
Type of Deposit Acct _____ Deposit Account Number _____

Identification information

ID Type _____ Issued By _____ ID Number _____

Complete this section if purchase is on Behalf of Third-Party

Name of ASB Business Customer _____
Business Deposit Account Number _____
Signature _____
(Your signature verifies the payee information given below is correct)

Payee Information: _____

Type of currency and amount in which foreign draft will be issued: _____

For Euro Draft: Please select the country where the draft will be mailed to:

- | | | | |
|-------------------------------------|--------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Austria | <input type="checkbox"/> Belgium | <input type="checkbox"/> Finland | <input type="checkbox"/> France |
| <input type="checkbox"/> Germany | <input type="checkbox"/> Greece | <input type="checkbox"/> Ireland/Republic | <input type="checkbox"/> Italy |
| <input type="checkbox"/> Luxembourg | <input type="checkbox"/> Netherlands | <input type="checkbox"/> Portugal | <input type="checkbox"/> Spain |

*** FOR BANK USE ONLY***

Date: _____

Branch & No.: _____ **Accepted By:** _____

FX Rate Code: _____ **Foreign Draft Amount:** _____ **Rate:** _____

(Use Wire/Draft Rate Sheet)

USD Equivalent: _____

Fee: _____

Total: _____

NOTE: If \$3,000 - \$10,000 in cash, complete Monetary Instrument Log (MIL)
If more than \$10,000 in cash, complete Currency Transaction Report (CTR)

SPECIAL INSTRUCTIONS: _____

☐ Debit Checking Account # ☐ Debit Savings Account #