



Large Dollar Transaction Process

In accordance with TouchPay Holdings, LLC ("TouchPay") Compliance Program, AML/BSA and Know Your Customer, specifically, TouchPay is incorporating the following procedures to ensure the company is obtaining the necessary sender identification information for the individual making any transaction of \$3,000 and above (\$1,000 in Arizona).

Individuals attempting to make a transaction of \$3,000 and above (\$1,000 in Arizona) will need to contact Customer Support at **866.204.1603**.

Note: For those facilities with after hours exception processing the individual will be directed to contact Facility Support (**800.720.6817**) for assistance.

Customer Support/Facility Support will request the sender complete a Large Dollar Transaction Form ("Form"). Customer Support/Facility Support can provide the Form by fax or email.

The Form must be completed with all required information for both the Sender making the transaction (including DOB, SSN, occupation, photo identification, and signature on Form) and the Recipient (including DOB, SSN, Facility Receiving Payment Information, and transaction amount). The Banking Information section is only completed if the transaction will be completed via a wire.

Once the form is completed and signed by the Sender, the Form along with the photo identification is faxed to TouchPay at: 972.506.8791. TouchPay will review the Form for completion and authorize the account for transaction completion.

All completed Forms are provided to the Compliance Department immediately for verification and OFAC processing.



Customer Support: 866-204-1603
After Hours Support - Facility Support: 800-720-6817

Fax: 972-506-8791
Email: custsup@touchpaydirect.com

CUSTOMER INFORMATION

Full Name:		
Date of Birth:	SSN:	Gender:
Phone/Mobile:	Occupation:	
Email:	Driver License No:	Issuing State:
Current Residential Address:		
City:	State:	ZIP Code:

RECIPIENT INFORMATION

Recipient Full Name:		Recipient's Account ID/Case No:
Phone:	Relationship to Customer:	Date of Birth:
Residential Address:		SSN:
City:	State:	ZIP Code:

GOVERNMENT AGENCY INFORMATION

Facility Name:	Facility EIN/TIN:	
Address:	Phone:	
City:	State:	ZIP Code:

PAYMENT INFORMATION

Type of Payment:	Amount to be Sent:	Total Amount (with fees):
Kiosk <input type="checkbox"/>	Wire <input type="checkbox"/>	

BANKING INFORMATION (IF WIRE)

Banking Institution:		
Address:	City:	State, Zip Code:
Telephone Number:	Routing Number:	
Wire Ref# :	Total Transmitted:	Order ID:

AUTHORIZATION

By signing below, I hereby certify that I agree that the origination of this transaction complies with the provisions of U.S. laws and compliance regulations.

I understand and acknowledge that the transaction will be processed as I specified above and all transactions are final. I am responsible for the accuracy of the information provided. I am also responsible for any additional fees imposed by my bank that are not affiliated with TouchPay nor included in the amounts indicated above.

If a wire, I understand and acknowledge that the transaction will be processed as I specified above and all transactions are final. I am responsible for the accuracy of the information provided. I am also responsible for any additional fees imposed by my bank that are not affiliated with TouchPay nor included in the amounts indicated above.

*****Please submit this signed completed form with a legible copy of photo ID*****

Printed Name of Customer:	Printed Name of Facility Representative:
Signature of Customer:	Date: