

FOREIGN CURRENCY PURCHASE ORDER FORM

For American Savings Bank checking or savings account customers only

MINIMUM PURCHASE (USD \$100)

Customer's Name:			
Best Contact Phone Numbers:	Phone: _____	Cell: _____	
Last 5 Digits of Account No:			
Debit Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

Select and Complete One of the Following:

I want US \$: _____ in _____
(Amount in US \$) (Foreign country and type of currency)

I want: _____ Amount: _____
(Foreign country and type of currency) (Amount in foreign currency)

Currency to be picked-up at: _____ Date Currency is Needed By: _____
Branch

Pick-up - Subject to the type of currency and amount, please allow three to six business days for pick-up. If there are any questions, contact the International Services Department.

Customer Request by Fax/Order Confirmation - Provide a current phone number so American Savings Bank can verify your order; we are unable to complete orders if we cannot contact you. If you do not receive a confirmation call within one business day, contact the International Services Department.

Oahu: 808 539.7884 or 539.7887 Neighbor Islands: 800 272.2566 (Select 5 & the ext # 7884 or 7887)

Order cancellation - If you cancel your order, you may sell the currency back to American Savings Bank; however, it will be at the then prevailing exchange rate. American Savings Bank will conduct the buyback within three business days of receipt of your cancellation. For orders that you do not pick-up three business days after American Savings Bank notifies you, American Savings Bank will conduct the buyback as a cancellation of the order at the then prevailing exchange rate. In either situation, American Savings Bank will deduct a cancellation fee from the buyback.

By signing below, you agree to the terms above and authorize American Savings Bank to debit the account above in equivalent U. S. Dollars, plus any fees, for this foreign currency order.

Customer's Signature

Date

DELIVER COMPLETED FORM TO ANY BRANCH OR FAX TO 808 539.7889

For Branch Use Only

Accepted By (name): _____ Branch: _____ Ext: _____ Date: _____

SCAN/EMAIL TO INTERNATIONALSERVICES@ASBHAWAII.COM

For International Services Department Use Only:

Rate as of: _____ US \$ Equivalent: _____ Rate: _____

Total Due US \$: _____ Handling Fee: \$ _____