

American Depositor/Factor's - BILL OF EXCHANGE And Depositor's LIEN Documentary.

This is a Depositor's Substantial Adverse Claim; as an ESTATE "Bill of Exchange" - Set-Off.
A Depositor's LIEN against his UNITED STATES Treasury - Individual ESTATE Bankrupt Depository accounts - Bank of Credit.

DOCUMENTARY Instructions:

1. COMPLETE this DEPOSITOR'S LIEN Documentary Form.

2. Send this Documentary and Bill of Exchange to: _____

Date (DD MON YY) : _____ Customer Reference : _____

Drawer (Depositor/Factor) : _____

Address (street, district) : _____

Address (city, state, country) : _____

Contact (individual) : _____

Tel - _____ Fax - _____ Email - _____

Factor/Executor's ORDER for Payment Exchange and Settlement:

Bill of Lading Date(s) (DD MON YY) : _____ Bill of Lading No(s) : _____

Draft No (assigned by the Factor) : _____

Currency (USD or symbol) : _____ **Amount** : _____

Amount (in words) : _____

Tenor: UPON DEMAND - [] After 3 Days -

Drawee (Bankrupt's Bank of Credit)

Address (street, district) -

Address (city, state, country) -

Tel - _____ Fax - _____ Email - _____

Drawee's US Bank (Treasury Depository)

Address (street, district) -

Address (city, state, country) -

Credit FACTOR'S Commercial Bank Account : _____

Account Name - _____ Account Number - _____

Bank Name - _____ ABA / Bank Transit No - _____

Address - _____

Reason for Set-Off Payment of Exchange:

FRB - Treasury Depository Bank Routing #:				DEPOSITOR'S LIEN DOCUMENTARY, page 2	
Settlement to Factor/Executor or the Factor's Debit Account:				PUBLIC BANKRUPT Bank Reference documents:	
				IRS TT&L Technical Support Division and CID will be Informed if:	
DRAFT / CHECK NUMBER				FORWARD TO YOUR CORRESPONDENT	
DRAWEE'S ESTATE "Individual Bankrupt Bank" Address:				DRAWEE'S PUBLIC TREASURY Depository Address:	
TEL _____ FAX _____ EMAIL _____					
TENOR		AMOUNT		UNITED STATES Treasury - Individual BANKRUPT Depository Fund Accounts:	
☐ PAYABLE AT SIGHT				Involuntary Special Fund Account - Checking # : Voluntary In Trust Fund Account - Savings # : COLLECT INTEREST FROM DRAWEE(S) If necessary, contact:	
☐ PAYABLE ON DATE					
Credit FACTOR'S - Commercial Bank Account :					
ACCOUNT NAME _____					
ACCOUNT NUMBER _____					
BANK NAME _____					
BANK ADDRESS _____					
BANK ABA/TRANSIT NO. _____					
DOCUMENT	Draft	BoL	Invoice	Other Documents enclosed:	
ORIGINALS					
DUPLICATES					
SPECIAL INSTRUCTIONS					
DRAWEE'S BANK Authorized Representative			DRAWER (Authorized representative)		
_____ AUTHORIZED BANK SIGNATURE & TITLE			_____ DRAWER'S SIGNATURE & TITLE		
ADDITIONAL REFERENCE INFORMATION			DRAWER NAME & ADDRESS		

CERTIFIED MAIL Label number sticker:

**American Depositor/Factor's
BILL OF EXCHANGE**

As a OFF-SET against the Depositor's LIEN

American Depositor/Factor's - BILL OF EXCHANGE

Date: _____

Certified Draft No. _____

Place of Drawing _____ TENOR _____ After 3 DAYS _____

Pay To The Order Of _____

Amount _____

Drawn From US Individual Depository Account: _____

MEMO : _____

This American Bill of Exchange is per HR 1491 and 1492 and per the UNCITRAL Convention.

DRAWEE'S Public Treasury BANK and Address:

Drawer _____

Location _____

Good as Aval. Without Recourse for all debts both public and private.

FRB - Treasury Bank Routing #:

Customer EIN #

DRAWER (as Authorized Representative)

DEPOSIT INTO Commercial BANK # _____ **ACCOUNT:** _____

ENDORSEMENT is founded Upon the transaction being completed in honor.

Endorsement: _____

Authorized Representative Signature

DATE: _____

Fiscal Agent/Broker's Signature and Seal: _____