New Authorization Revised Authorization

**Section A. Customer Information:** The following is the Contact Name & Address for contractual written notices required under the Business Essential Online Agreement between Customer and Bank. Contact information for Customer's designated System Administrator(s) is also listed.

Customer:			
Tax ID:			
Mailing Address:			
City:		State:	Zip Code:
Contact Name:			
Title:			
Phone Number:	( )	Fax Number: (	)
System Administrator 1:		Contact Number: (	)
	Email:		
System Administrator 2:		Contact Number: (	)
-	Email:		

**Section B. Authorized Accounts:** The following account(s) may be accessed by use of the System to view balances and activity and to place stop payments. If so indicated, such accounts may also be accessed by use of the System to initiate transfer(s) of funds between accounts and to view/print Electronic Account Statements, Electronic Analysis Statements and/or Electronic Notices. Transfers include payments of indebtedness owed to Bank. Only sole proprietors may have access to both their personal and business accounts.

Analysis Statements: Electronic Paper N/A This pertains to all accounts of Customer on Account Analysis for purposes of determining compensation to Bank for services rendered. If multiple accounts are analyzed together as a Family, the consolidated analysis for the Family will also be provided in this medium.

Escrow Accounts:	Authorized	Not Authorized	🗌 N/A	If Authorized, all Esc	row accounts for which	n
Customer's Tax ID is li	sted, either as a	payor or payee	may be a	ccessed by use of the	System to view balan	ces and
account information.						

Account Number:	Account Number:
Description: Account Type: DDA SAV COD Loan Action To Be Taken: Add Delete Change Transfers: None In Only Out Only In & Out Account Statements: Electronic Paper Notices: Electronic Paper	Description:         Account Type:       DDA       SAV       COD       Loan         Action To Be Taken:       Add       Delete       Change         Transfers:       None       In Only       Out Only       In & Out         Account Statements:       Electronic       Paper         Notices:       Electronic       Paper
Account Number:	Account Number:
Description:         Account Type:       DDA       SAV       COD       Loan         Action To Be Taken:       Add       Delete       Change         Transfers:       None       In Only       Out Only       In & Out         Account Statements:       Electronic       Paper         Notices:       Electronic       Paper	Description:         Account Type:       DDA       SAV       COD       Loan         Action To Be Taken:       Add       Delete       Change         Transfers:       None       In Only       Out Only       In & Out         Account Statements:       Electronic       Paper         Notices:       Electronic       Paper



## First National Bank Alaska Business Essential Online Authorization

Section B. Authorized Accounts, Cont'd	
Account Number:	Account Number:
Description: Account Type: DDA SAV COD Loan Action To Be Taken: Add Delete Change Transfers: None In Only Out Only In & Out Account Statements: Electronic Paper	Description: Account Type: DDA SAV COD Loan Action To Be Taken: Add Delete Change Transfers: None In Only Out Only In & Out Account Statements: Electronic Paper
Notices: Electronic Paper	Notices: Electronic Paper
Account Number:	Account Number:
Description:	Description:
Account Type: DDA SAV COD Loan	Account Type: DDA SAV COD Loan
Action To Be Taken: Add Delete Change	Action To Be Taken: Add Delete Change
Transfers: None In Only Out Only In & Out	Transfers: None I In Only Out Only In & Out
Account Statements: Electronic Paper	Account Statements:  Electronic  Paper
Notices: Electronic Paper	Notices: Electronic Paper

**Section C. Payment Of Fees:** The stop payment fee will be charged to the account that the subject item was drawn on. Bill Payment fees are charged to the first Authorized Account designated by use of the online enrollment process. Other fees incurred under the Business Essential Online Agreement are to be charged to Account # \_\_\_\_\_.

**Section D. Additional Internet Services:** Please contact Customer regarding additional Internet services offered by Bank. The additional Internet services Customer is specifically interested in obtaining are indicated below:

Direct Deposit	Federal Tax Payments	ACH Remittance Information (EDI)
Vendor Payments	Cash Concentration	Other ACH:
Wire Transfer Services	Bill Payment Services	

Acknowledgement: By signing below, I acknowledge I have read and agree to the Business Essential Online Terms and Conditions.

Customer	
Ву:	By:
Name:	Name:
Title:	Title:
Date:	Date:
	Bank Use
Accepted By:	Bank Operations Support/Review Unit
Name:	Client #:
Location:	Processed By:
Date:	Date:

