



First National Bank

ALASKA

MEMBER FDIC

Business Essential Online Authorization

☐ **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 and contact information for Customer's designated System Administrator(s).

Customer: _____

Tax ID: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Name: _____

Title: _____

Phone Number: () _____ **Fax Number:** () _____

System Administrator 1: _____

System Administrator 2: _____

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. Transfers include payments of indebtedness owed to Bank. Only sole proprietors may have access to both their personal and business accounts. Any account(s) authorized for Electronic Statement Service and/or Electronic Notification Service also requires enrollment and activation by use of the System.

Account Number: _____

Description: _____

Account Type: ☐ DDA ☐ SAV ☐ COD ☐ Loan

Action To Be Taken: ☐ Add ☐ Delete ☐ Change

Transfers: ☐ None ☐ In Only ☐ Out Only ☐ In & Out

Electronic Statements: ☐ Allowed ☐ Not Allowed

Electronic Notification: ☐ Allowed ☐ Not Allowed

Account Number: _____

Description: _____

Account Type: ☐ DDA ☐ SAV ☐ COD ☐ Loan

Action To Be Taken: ☐ Add ☐ Delete ☐ Change

Transfers: ☐ None ☐ In Only ☐ Out Only ☐ In & Out

Electronic Statements: ☐ Allowed ☐ Not Allowed

Electronic Notification: ☐ Allowed ☐ Not Allowed

Account Number: _____

Description: _____

Account Type: ☐ DDA ☐ SAV ☐ COD ☐ Loan

Action To Be Taken: ☐ Add ☐ Delete ☐ Change

Transfers: ☐ None ☐ In Only ☐ Out Only ☐ In & Out

Electronic Statements: ☐ Allowed ☐ Not Allowed

Electronic Notification: ☐ Allowed ☐ Not Allowed

Account Number: _____

Description: _____

Account Type: ☐ DDA ☐ SAV ☐ COD ☐ Loan

Action To Be Taken: ☐ Add ☐ Delete ☐ Change

Transfers: ☐ None ☐ In Only ☐ Out Only ☐ In & Out

Electronic Statements: ☐ Allowed ☐ Not Allowed

Electronic Notification: ☐ Allowed ☐ Not Allowed

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Section B. Authorized Accounts, Cont'd

Account Number: _____ Description: _____ Account Type: <input type="checkbox"/> DDA <input type="checkbox"/> SAV <input type="checkbox"/> COD <input type="checkbox"/> Loan Action To Be Taken: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change Transfers: <input type="checkbox"/> None <input type="checkbox"/> In Only <input type="checkbox"/> Out Only <input type="checkbox"/> In & Out Electronic Statements: <input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed Electronic Notification: <input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed	Account Number: _____ Description: _____ Account Type: <input type="checkbox"/> DDA <input type="checkbox"/> SAV <input type="checkbox"/> COD <input type="checkbox"/> Loan Action To Be Taken: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change Transfers: <input type="checkbox"/> None <input type="checkbox"/> In Only <input type="checkbox"/> Out Only <input type="checkbox"/> In & Out Electronic Statements: <input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed Electronic Notification: <input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed
Account Number: _____ Description: _____ Account Type: <input type="checkbox"/> DDA <input type="checkbox"/> SAV <input type="checkbox"/> COD <input type="checkbox"/> Loan Action To Be Taken: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change Transfers: <input type="checkbox"/> None <input type="checkbox"/> In Only <input type="checkbox"/> Out Only <input type="checkbox"/> In & Out Electronic Statements: <input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed Electronic Notification: <input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed	Account Number: _____ Description: _____ Account Type: <input type="checkbox"/> DDA <input type="checkbox"/> SAV <input type="checkbox"/> COD <input type="checkbox"/> Loan Action To Be Taken: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change Transfers: <input type="checkbox"/> None <input type="checkbox"/> In Only <input type="checkbox"/> Out Only <input type="checkbox"/> In & Out Electronic Statements: <input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed Electronic Notification: <input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed

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:

- | | |
|---|---|
| <input type="checkbox"/> PPD (Direct Deposit)
<input type="checkbox"/> CTX (Vendor Payments)
<input type="checkbox"/> Other ACH: _____
<input type="checkbox"/> Wire Transfer Services | <input type="checkbox"/> TAX (Federal Tax Payments)
<input type="checkbox"/> CCD (Cash Concentration & Disbursement)
<input type="checkbox"/> EDI Payment Manager Services
<input type="checkbox"/> Bill Payment Service |
|---|---|

Acknowledgement: By signing below, I acknowledge I have read and agree to the most recent Business Essential Online Terms and Conditions dated February, 2008.

Customer

By: _____ Name: _____ Title: _____ Date: _____	By: _____ Name: _____ Title: _____ Date: _____
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Bank Use

Accepted By: _____
Name: _____
Location: _____
Date: _____

Bank Operations Support/Review Unit

Client #: _____

Processed By: _____

Date: _____