



First National Bank

ALASKA

MEMBER FDIC

Business Essential Online Agreement Bill Payment Services Authorization

☐ **NEW AUTHORIZATION**

☐ **REVISED AUTHORIZATION**

CUSTOMER: _____

Section A. Bill Payment Users: The following person(s) are hereby authorized to effect Bill Payment Services by use of the System. At least one field in the "Contact Data" area in Business Essential must be completed for each Bill Payment User and Bank requires a reasonable amount of time after such Contact Data is entered to grant access to Bill Payment Services.

Name: _____	Name: _____
Email Address: _____	Email Address: _____
Action To Be Taken: <input type="checkbox"/> Add <input type="checkbox"/> Delete	Action To Be Taken: <input type="checkbox"/> Add <input type="checkbox"/> Delete
Name: _____	Name: _____
Email Address: _____	Email Address: _____
Action To Be Taken: <input type="checkbox"/> Add <input type="checkbox"/> Delete	Action To Be Taken: <input type="checkbox"/> Add <input type="checkbox"/> Delete

Section B. Authorized Accounts: The following checking account(s) are hereby authorized as the account(s) from which bill payments and/or fees for Bill Payment Services may be debited as directed by Bill Payment Users.

Account Number: _____	Account Number: _____
Action To Be Taken: <input type="checkbox"/> Add <input type="checkbox"/> Delete	Action To Be Taken: <input type="checkbox"/> Add <input type="checkbox"/> Delete
Account Number: _____	Account Number: _____
Action To Be Taken: <input type="checkbox"/> Add <input type="checkbox"/> Delete	Action To Be Taken: <input type="checkbox"/> Add <input type="checkbox"/> Delete

Customer:

By: _____
Name: _____
Title: _____
Date: _____

By: _____
Name: _____
Title: _____
Date: _____

Bank Use

Accepted By: _____
Name: _____
Title: _____
Date: _____

Bank Operations Support/Review Unit

Date Rec'd: _____

Client #: _____

EIN: _____

Bank Use Only – Processing

Data Entry Completed

By:_____

Date:_____

Same Day Data Entry Verification

By:_____

Date:_____

Next Day Verification

By:_____

Date:_____

Email Sent

By:_____

Date:_____