



HAWAII NATIONAL BANK

Business Internet Banking Enrollment Form

COMPANY NAME: _____
 ADDRESS: _____ EIN/TAX ID: _____
 CONTACT PERSON: _____ TELEPHONE: _____
 EMAIL: _____

INTERNET BANKING PLAN

BASIC (Free – Multiple Users, Internal Transfers, Check & Statement Images) OR PREMIUM (\$15 – Tax Payments, Wire Transfers)
 FOREIGN WIRE TRANSFER ACCESS (Premium Plan required) BILL PAYMENT (\$5.95 monthly and \$.29 per transaction)
 ACH ORIGATION (Premium Plan required. Separate agreement and approval initiated by Hawaii National Bank)

ACCOUNTS

ACCOUNT NUMBER: _____ ACCOUNT NUMBER: _____
Account Fees Assessed To
 ACCOUNT NUMBER: _____ ACCOUNT NUMBER: _____
 ACCOUNT NUMBER: _____ ACCOUNT NUMBER: _____

USERS

Security Roles:
ADMINISTRATOR (Full access to accounts; initiate/approve transfers, *ACH files, *payroll, & *wires; create/edit employees & supervisors)
SUPERVISOR (Full access to accounts; initiate/approve transfers, *ACH files, *payroll, & *wires)
EMPLOYEE (View only access to accounts)
 *Feature only available for Premium Internet Business Banking

NAME: _____ SSN: _____ DOB: _____
 EMAIL ADDRESS: _____ TELEPHONE: _____
 SECURITY ROLE: ADMINISTRATOR SUPERVISOR EMPLOYEE

NAME: _____ SSN: _____ DOB: _____
 EMAIL ADDRESS: _____ TELEPHONE: _____
 SECURITY ROLE: ADMINISTRATOR SUPERVISOR EMPLOYEE

NAME: _____ SSN: _____ DOB: _____
 EMAIL ADDRESS: _____ TELEPHONE: _____
 SECURITY ROLE: ADMINISTRATOR SUPERVISOR EMPLOYEE

The undersigned customer has requested access to the Hawaii National Bank's Internet Banking System. The customer agrees to abide by the terms and conditions of the Electronic Banking Disclosure Statement and Agreement and acknowledges receipt of at least one copy of the agreement. The customer authorizes Hawaii National Bank to provide access to the above-named individuals for the Bank's Internet Banking System. The type of access and limitations, if any, are detailed for each authorized user. The customer shall notify the Bank immediately of any changes to the authorized users.

COMPANY: AUTHORIZED SIGNER (Signature) _____ (Print Name) _____ DATE _____

HNB: APPROVED BY (Signature) _____ (Print Name & Branch/Dept.) _____ DATE _____