Online Banking for Business Enrollment Form
TIN/EIN Customers

AMERICAN Savings Bank

Business Information:

☐ New Enrollment   ☐ Access Update

Please provide the requested information below. Once completed please email us the form at onlinebanking@asbhawaii.com.

Full Legal Name of Business (Including "DBA")	TIN/EIN (REQUIRED)
Business Owner Name (Must be an authorized signer on the account)	Requested Login ID (See page 2 for minimum requirements)

Secure Access Code Delivery: A Secure Access Code is required to access your account(s) when you log into Online Banking for the first time or the first time from any new device. This code is delivered to you via email, phone call, or SMS text message. Designate your contact information below.

Business Owner Email Address (REQUIRED)	Contact Phone Number	Mobile Phone Number

System Administrator: Responsible for administering any additional User ID's and Passwords at the company level. Is the Business Owner listed above also the System Administrator?

☐ **YES:** Please skip to the "Accounts To Enroll" section

☐ **NO:** Please complete this section with your designated System Administrator's information

System Administrator Name	Requested Login ID	Security Word (For verification purposes)

For Secure Access Code Delivery:

System Administrator Email (REQUIRED)	Contact Phone Number	Mobile Phone Number

ACCOUNTS TO ENROLL IN ONLINE BANKING FOR BUSINESS:

Would you like to enroll all accounts you are associated with for the business EIN/TIN listed above?

☐ **YES:** I would like to view/access all of the accounts I am associated with the EIN/TIN listed on this form.

☐ **NO:** Please enroll only the following accounts:

Account Type (Checking, Savings, Loan)	Last 4 digits of account number

By signing below, the foregoing are authorized.

_____   X_____   _____
Authorized Signer (Please Print)   Authorized Signer Signature   Date

For Internal Use Only: Please verify the signature on file and email the form to onlinebanking@asbhawaii.com for processing.

Employee Name & Initials: _____   Branch/Dept:_____

Cash Management use ONLY: Please notate the designated account for any applicable Online Banking billable services charges: _____

Online Banking for Business Enrollment Guide

Mahalo for your interest in enrolling in ASB's Business Online Banking! Below you will find instructions on how to complete this form, and what to expect once you've submitted your request to us.

To complete the form:
- **New Enrollment vs. Access Update**
  - Select the box that applies to the online access you are requesting for. If the business is enrolling for the first time, please select "New Enrollment". If access has already been established and the business owner would like to request a new System Administrator to be added, please select "Access Update".
  - If you are unsure if the business has an existing online banking profile, please have the business owner contact us at (808) 627-6900 Option 0 > Option 1 > Option 1 for assistance.
- **Requested Login ID:**
  - Minimum of 8 characters
  - Must have at least 1 letter, 1 number, and 1 special character
  - Should NOT contain any sensitive information (Business EIN/TIN, Social Security Number, Account Number, Phone Number, Email Address, etc.)
  - If you are enrolled in online banking for your personal accounts, you may not use the same login ID for the business.
- **Password Requirements:**
  - Password must be updated every 90 days
  - Must be between 8-15 characters
  - One uppercase, one lowercase letter, and one number
  - Can't be one of the last 24 passwords used
- **Security Word:**
  - If the business owner and/or System Administrator contacts our Customer Banking Center for assistance, the security word indicated on the form will be used in place of phone verification.
- **Accounts to enroll in online banking:**
  - All accounts may be viewed via online banking if the business owner and/or System administrator is a signatory on all accounts associated with the business TIN/EIN.
  - If you prefer to view select accounts, please indicate the last 4 digits of each account number you would like added to the online banking profile.

Upon completion, please email the signed form to: onlinebanking@asbhawaii.com

What's next:
1. Upon completion of online set-up, an email will be sent to the business owner and/or the System Administrator.
2. Within 48 hours of receiving the email, please click on the "Reset My Password" box in the email to set your password.
3. If you need further assistance with accessing the online account, please contact us at (808) 627-6900 Option 0 > Option 1 > Option 1.

- **Bill Pay:**
  - If you should decide to enroll the account(s) for Bill Pay services, please note, Bill Pay is accessible on the browser version and not the ASB mobile app.

AMERICAN Savings Bank