

Business Internet Banking Employee Authorization Form

Company Name: _____

Signature of Authorized Representative: By signing below, I hereby authorize American Interstate Bank to issue Access ID's and Passwords to the following individuals for Business Internet Banking. I understand that by selecting the below listed level of authorization, those individuals have authorization to conduct transactions on behalf of our Company. Access to Business Internet Banking is 9:00 a.m. to 5:00 p.m. CST unless otherwise specified. **We agree to notify AIB both verbally and in writing when there is a change in an Employee Status.**

Authorized Representative Signature: _____ Date: _____

Employee Name: _____
Account Inquiry

Please circle desired authorization level

1. All **OR** 2. Deposit Only **OR** 3. Loans Only
4. None **OR** 5. Other (Please indicate specific accounts below)

Internal Transfers

Please circle desired authorization level

1. All **OR** 2. Deposit Only **OR** 3. Loans Only
4. None **OR** 5. Other (Please indicate specific accounts below)

ACH File Transfers

Please circle desired authorization level

1. All **OR** 2. Deposit Only **OR** 3. Loans Only
4. None **OR** 5. Other (Please indicate specific accounts below)

Hours of Use: _____

Employee Name: _____
Account Inquiry

Please circle desired authorization level

1. All **OR** 2. Deposit Only **OR** 3. Loans Only
4. None **OR** 5. Other (Please indicate specific accounts below)

Internal Transfers

Please circle desired authorization level

1. All **OR** 2. Deposit Only **OR** 3. Loans Only
4. None **OR** 5. Other (Please indicate specific accounts below)

ACH File Transfers

Please circle desired authorization level

1. All **OR** 2. Deposit Only **OR** 3. Loans Only
4. None **OR** 5. Other (Please indicate specific accounts below)

Hours of Use: _____