| Airline Address | To: Fiscal Management Officer  
|                | State of Hawaii  
|                | Department of Transportation  
|                | Airports Division  
|                | Honolulu International Airport  
|                | 400 Rodgers Blvd., Suite 700  
|                | Honolulu, HI 96819 |

| (1) Total PFC Revenue Collected During Month: | $______________ |
| (a) Number of PFC-eligible tickets sold: | ________________ |
| (b) Number of PFC-exempt tickets sold: | ________________ |
| (c) Number of PFC-eligible tickets issued for flight operated by another carrier: | ________________ |

| (2) Total PFC Revenue Refunded this Month: | $(______________ |

| (3) Total Collection Compensation (Net): | $(______________ |

| (4) Total Remitted for Month: | $(______________ |
**Passenger Facility Charges Statement**
for the Quarter Ended _________
Airport:___________________________

| Airline Address | To: Fiscal Management Officer  
|                 | State of Hawaii  
|                 | Department of Transportation  
|                 | Airports Division  
|                 | Honolulu International Airport  
|                 | 400 Rodgers Blvd., Suite 700  
|                 | Honolulu, HI 96819 |

1. Total PFC Revenue Collected During Quarter: $_________________
   
   (a) Number of PFC-eligible tickets sold: _________________
   
   (b) Number of PFC-exempt tickets sold: _________________
   
   (c) Number of PFC-eligible tickets issued for flight operated by another carrier: _________________

2. Total PFC Revenue Refunded this Quarter: $(________________)

3. Total Collection Compensation (Net): $(________________)

4. Total Remitted for Quarter: $(________________)

5. Dates and Amounts of PFC Monthly Remittance

   Date
   
   Month 1 ___/___/___ $(________________)
   
   Month 2 ___/___/___ $(________________)
   
   Month 3 ___/___/___ $(________________)
   
   Total $(________________)
ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse for additional instructions.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor’s financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY

AGENCY IDENTIFIER: AGENCY LOCATION CODE (ALC): ACH FORMAT: 

☐ CCD+ ☐ CTX

ADDRESS:

CONTACT PERSON NAME: TELEPHONE NUMBER:

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME: SOH-DOT-AIR (402) SSN NO. OR TAXPAYER ID NO. 99-0257540

ADDRESS: 400 RODGERS BLVD. SUITE 700

HONOLULU HI 96819-1880

CONTACT PERSON NAME: ROSS HIGASHI - FISCAL MANAGEMENT OFFICE TELEPHONE NUMBER: (808) 836-8646

FINANCIAL INSTITUTION INFORMATION

NAME: FIRST HAWAIIAN BANK

ADDRESS: 999 BISHOP STREET

HONOLULU HI 96813

ACH COORDINATOR NAME: DOUGLAS SAKAMOTO TELEPHONE NUMBER: (808) 844-3399

NINE-DIGIT ROUTING TRANSIT NUMBER: 1 2 1 3 0 1 0 1 5

DEPOSITOR ACCOUNT TITLE: DIRECTOR OF FINANCE, STATE OF HAWAII

DEPOSITOR ACCOUNT NUMBER: 01-000497 LOCKBOX NUMBER:

TYPE OF ACCOUNT: X CHECKING ☐ SAVINGS ☐ LOCKBOX

TELEPHONE NUMBER: (808) 844-3700

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