



\* F R M % S R V - A U T O - L N P M T S \*

# AUTOMATIC LOAN PAYMENT – AUTHORIZATION



STATE OF HAWAII OR AMERICAN SAMOA

GUAM, SAIPAN OR PALAU

BORROWER NAME(S)

I (we) authorize Bank of Hawaii to originate debit entries (automated clearinghouse transactions or "ACH") to my (our) account at the financial institution described below ("Depository"), and to take money out of that account to pay the amounts then due on the loan identified below.

This authorization shall remain in full force and effect in respect to all payments made in good faith notwithstanding my (our) death or bankruptcy or any revocation of this authority until written notice of my (our) death or bankruptcy or other revocation is received by Bank of Hawaii, or unless cancelled by Bank of Hawaii. I (we) will notify you at least 10 business days<sup>1</sup> before the scheduled payment if I (we) use a non-Bank of Hawaii depository account for the withdrawal or at least 3 business days<sup>1</sup> before the scheduled payment if I (we) use a Bank of Hawaii checking or savings account for the withdrawal.

## DEPOSITORY ACCOUNT TO BE USED FOR WITHDRAWALS (DEBITS)

Please attach a voided check or a copy of a bank statement for Non-Bank of Hawaii withdrawal accounts. **If a voided check or bank statement is not enclosed, authorization may be returned and processing may be delayed.** This authorization will take effect after it is processed by Bank of Hawaii and accepted by your depository institution. If any loan payments are due, they should be made by check. Please continue to make your monthly payments until you have been notified that this authorization has been processed.

DEPOSITORY NAME (BANK, SAVING AND LOAN OR CREDIT UNION)

TRANSIT ROUTING NO. (9 DIGITS)	TYPE OF ACCOUNT	ACCOUNT NUMBER (CHECKING OR SAVINGS ACCT NO)
<input type="text"/>	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="text"/>

NAME(S) ON THE ACCOUNT <sup>2</sup>	DEPOSIT ACCOUNTHOLDER SIGNATURE(S)	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

CONTACT PHONE NUMBER	BORROWER SIGNATURE (If the deposit accountholder is not one of the borrowers)	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

## LOAN ACCOUNT TO BE PAID

**LOANS:** Payment will be credited on the due date or next business day if the due date is not a business day<sup>1</sup>.

TYPE OF LOAN

INSTALLMENT LOAN (PERSONAL/COLLATERAL)

AUTOMOBILE LOAN

COMMERCIAL LOAN

ACCOUNT NUMBER      NOTE NUMBER

-

**CREDITLINES:** Payment will be credited on the due date or next business day if the due date is not a business day<sup>1</sup>.

TYPE OF LOAN

HOME EQUITY CREDITLINE\*       PRIVATE BANKLINE

PERSONAL FLEXLINE       COMMERCIAL CREDITLINE

BANKOH COVERCHECK      OR LINE OF CREDIT

ACCOUNT NUMBER      NOTE NUMBER

-

### ADDITIONAL PRINCIPAL PAYMENT AUTHORIZATION

Please deduct an additional principal \$ \_\_\_\_\_ each payment date and apply it to principal balance. This amount will not change unless I (we) notify Bank of Hawaii in writing.

\*All related term out options must have the same payment method as the revolver. Additional principal amount are optional for each separate term out option and or revolver.

**MORTGAGE:**      SELECT PAYMENT DATE (If not indicated, payments will take place on the 1<sup>ST</sup> Business day<sup>1</sup> of the month.)

1<sup>ST</sup>     5<sup>TH</sup>     10<sup>TH</sup> DAY OF EACH MONTH

MORTGAGE LOAN NUMBER

**ADDITIONAL PRINCIPAL PAYMENT AUTHORIZATION**

Please deduct an additional principal \$ \_\_\_\_\_ each payment date and apply it to principal balance. This amount will not change unless I (we) notify Bank of Hawaii in writing.

It is agreed that Bank of Hawaii shall not be responsible or liable for failing to act as herein requested if such failure should be due to circumstances beyond our control.

**Please refer to page 2 for instructions**

<sup>1</sup> Business days are Monday–Friday except federal holidays

<sup>2</sup> Business depository account name must be the same as the loan account name

**FORM INSTRUCTIONS**

Is mailing address on file at the bank current? If not, please provide signed request to update the mailing address.

<b>CUSTOMER:</b>	Drop off completed form at nearest Bank of Hawaii branch or mail to:	<b>LOANS AND CREDITLINES</b> Bank of Hawaii - Loan Operations Dept. PO Box 2715, Honolulu, HI 96803-2715	<b>MORTGAGES</b> Bank of Hawaii - Mortgage Loan Servicing PO Box 3650, Honolulu, HI 96811-3650
	<b>BRANCH:</b>	1. Provide copy of completed and signed form to the customer when applicable	
	2. Inter-branch completed form to:	Loan Operations Department #285	Mortgage Loan Servicing Department #362
	or		
	Scan and attach to:	<a href="#">LOD Request Tracking</a>	eMail - DL 0362 Servicing Customer Service

**\*\*For Non-Bank of Hawaii withdrawal accounts, ensure a voided check OR a copy of a bank statement is attached to this form\*\***

**FOR BANK USE ONLY**

ACCEPTED BY BRANCH/DEPT		ACCEPTED BY		DATE
ID TYPE (Required)	ID NUMBER (Optional)	ISSUING LOCATION (Optional)	ISSUE DATE (Optional)	EXPIRATION DATE (Optional)
		CHANGED ENTERED BY		DATE

When applicable, place copy of voided check here:

