



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

AUTOMATIC LOAN PAYMENT – CANCELLATION



CANCELLATION OF AUTOMATIC LOAN PAYMENT

NAME(S) ON THE ACCOUNT

ACCOUNT NUMBER

PAYMENT DUE DATE

DEPOSIT ACCOUNT NUMBER

TRANSIT ROUTING NUMBER

DEPOSITORY NAME (BANK, SAVINGS AND LOAN, CREDIT UNION)

TYPE OF ACCOUNT

CHECKING

SAVINGS

CONTACT TELEPHONE NUMBER

Please cancel my (our) automatic payment. I (we) understand that if my (our) cancellation request is made less than 10 business days¹ before the next scheduled payment for non-Bank of Hawaii deposit accounts or less than 3 business days¹ before the next scheduled payment for a Bank of Hawaii checking or savings account, this cancellation request may be effective on a subsequent payment date.

ACCOUNTHOLDER SIGNATURE

REQUEST DATE

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.

FORM INSTRUCTIONS:

CUSTOMER: Drop off form at nearest Bank of Hawaii branch or mail to:

LOANS AND CREDITLINES

Bank of Hawaii - Loan Operations
Department
PO Box 2715, Honolulu, HI 96803-2715

MORTGAGES

Bank of Hawaii - Mortgage Loan Servicing
PO Box 3650, Honolulu, HI 96811-3650

BRANCH: 1. Provide copy of completed and signed form to the customer when applicable

2. Inter-branch completed form to:
or
Scan and email to:

Loan Operations Department #285
PF 0285 ACH/Autopay

Mortgage Loan Servicing Department #362
DL 0362 Servicing Customer Service

FOR BANK USE ONLY

ACCEPTED BY BRANCH/DEPT

ACCEPTED BY

DATE

CHANGED ENTERED BY

DATE

¹Business days are Monday–Friday except federal holidays