

E-BANKOH FOR BUSINESS Limited Liability Company



PRINT, SIGN and DROP OFF this form at your nearest Bank of Hawaii branch location. Please be sure to make a copy of this form for your own records. Your enrollment is subject to our review and approval.

It may take up to ten (10) business days for this service to be established once the completed form is returned to Bank of Hawaii.

(Select one) **NEW APPLICATION** **ADD or DELETE BILL PAY** **CHANGE VIEWABLE ACCOUNTS**

BUSINESS INFORMATION

BUSINESS NAME	FEDERAL ID NUMBER	BUSINESS PHONE
EMAIL ADDRESS - <small>(All notices from Bank of Hawaii will be sent to this email address or to my physical address on file)</small>		

ADD OR DELETE BILL PAY SERVICE

- Add Bill Pay using Business Checking Account # _____
- CANCEL, please cancel Bill Pay Service

UPDATE EXISTING ENROLLMENT

Please check the box below and enter your User Name if you would like to be able to view all eligible accounts for this business.

- I/We currently have access to e-Bankoh using Username _____ and would like to view all eligible accounts.

LIMITED LIABILITY COMPANY AUTHORIZATION FOR E-BANKOH FOR BUSINESS

I (We) hereby certify to Bank of Hawaii ("Bank") that the following is a true copy of authorizations ("Authorizations") duly adopted by all of the Members (if member-managed) or the Managers (if manager-managed) of the company listed above ("Company"), as authorized by the operating agreement of the Company, and that the authorizations are in conformity with the organizational documents and/or operating agreement as well as the laws of the jurisdiction of formation, and are now in full force and effect:

1. That the undersigned, by signing below to request the above e-Bankoh for Business services ("Application") is hereby authorized to execute the Application, receive/establish the Security Codes(s) issued to/established by Company for the requested e-Bankoh for Business Services and distribute the Security Codes to those persons who are authorized on all Accounts acting alone and in the name of Company, as its act and deed, from time to time to use the Security Codes in the manner described in the Application and the e-Bankoh for Business Service and/or Business Services Agreement ("Agreement") for e-Bankoh and Business services requested. Unless defined herein, all capitalized terms in this authorization shall have the same meaning as set forth in the Application and Agreement.
2. That the undersigned are all of the Members (if member-managed) or the Managers (if manager-managed) of Company and are authorized to certify to Bank the adoption of these Authorizations, and the name(s), title(s) and signature(s) of the present member(s) and if applicable, manager(s) of Company contained in and signing the Application, and from time to time as changes in such personnel are made, to certify immediately such changes to Bank and the name(s), title(s) and specimen signature(s) of the new personnel;
3. That these Authorizations shall be conclusively deemed to be in addition to and shall not be deemed to revoke, rescind, modify or otherwise affect, any other authorizations heretofore or hereafter delivered to Bank of behalf of Company; and,
4. That any and all actions heretofore taken by any person in connection with or relating to the e-Bankoh for Business services selected above are hereby ratified and confirmed as the proper and binding actions of Company and terms of the Application and Agreement are approved and authorized and are binding upon Company."

PRINT NAME	SIGNATURE	TITLE

REQUEST FOR E-BANKOH FOR BUSINESS

By signing below, I/We, on behalf of the company indicated above ("Company") are requesting and authorizing Bank of Hawaii ("Bank") to take the action indicated above for e-Bankoh for Business service (the "service") for the Company to view and access all of Company's deposit and loan/credit accounts both currently and opened in the future with Bank ("Accounts") in order to transfer funds between Company's Accounts and to initiate payments from Company's deposit Accounts to Company's credit Accounts, and if so requested, to add or delete e-Bankoh Bill Pay service for the Account(s) so indicated. By signing below, I/We represent that I/We are authorized to sign this application ("Application") on Company's behalf and that all of the above information is true and correct. Upon approval of this Application, I/we understand that an email will be sent to the e-mail indicated, through with instructions to select a user name and password ("Security Code") for distribution only to persons who are authorized by Company to access the Accounts ("Authorized User(s)"). Bank may honor any electronic transfers, payments, credit draws or other transaction initiated through the Service by any one Authorized user without verifying that the person is an Authorized User or has signed the signature card and/or agreements for the Accounts. By signing this Application and using the Services I/We agree that the Service will be used solely for business purposes and that Company agrees to all of the terms and conditions of the e-Bankoh for Business Agreement as well as any Account agreement, including the provision on jury trial waiver. By signing below you are granting Bank a Uniform Commercial Code security interest in all of Company's deposit Accounts maintained with Bank now or in the future and to secure all payments and transfers from the deposit Accounts by any means and any current or future indebtedness to the Bank.

By submitting this Application and using the Services, I/We authorize Bank of Hawaii to make Transfers and payments to and from Accounts in accordance with the instructions initiated by persons using the Services with the Security Code. In addition, I/We acknowledge and agree that I/We will be solely responsible for safeguarding the Security Code and for sharing the Security Code only with persons I/We designate as Authorized User(s).

PRINT NAME	SIGNATURE	TITLE

FOR BANK USE ONLY

Branch/Dept Use	DMC Use
<input type="checkbox"/> Business Information Section Complete <input type="checkbox"/> Signers Verified to Organizational Documents <input type="checkbox"/> Scan & submit via DMC forms (eBankoh-Bill Pay Enrollment) Request Received Date: _____ Branch/Dept # _____ Validated by: _____	Completed by: _____ Date: _____ Returned by: _____ Date: _____