

E-BANKOH FOR BUSINESS

Sole Proprietor with TIN



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 all applicable)

NEW APPLICATION ACCOUNTS

ADD or DELETE BILL PAY

CHANGE VIEWABLE

BUSINESS INFORMATION

BUSINESS NAME	FEDERAL ID NUMBER	PRINT AUTHORIZED SIGNER
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EMAIL ADDRESS - (All notices from Bank of Hawaii will be sent to this email address or to my physical address on file)

ADD OR DELETE BILL PAY SERVICE

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

ACCOUNTS VIEWABLE

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.

REQUEST FOR E-BANKOH FOR BUSINESS

By signing below, I am requesting and authorizing Bank of Hawaii ("Bank") to take the action indicated above for e-Bankoh for Business service (the Service) for the business indicated above ("Business") to view and access all of Business' deposit and loan/credit accounts both currently and opened in the future with Bank ("Accounts") in order to transfer funds between Business' Accounts and to initiate payments from Business' deposit Accounts to Business' 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 represent that I am authorized to sign this application ("Application"), and that all of the above information is true and correct. Upon approval of this Application, I understand that I will be sent an email through which I will be instructed to select a user name and password ("Security Code") for distribution only to persons who I authorize to access the Accounts ("Authorized User(s)"). Bank may honor any electronic transfers, payments, credit draws or other transactions 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 Service, I agree that the Service will be used solely for business purposes and agree 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 I am granting Bank a Uniform Commercial Code security interest in all of Business' 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).

AUTHORIZED SIGNATURE

PRINT NAME	SIGNATURE	TITLE
		OWNER

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: _____