E-BANKOH FOR BUSINESS - Corporation



PRINT, SIGN and MAIL completed form to Bank of Hawaii, Client Services Division-Admin 109, P.O. Box 2900, Honolulu, HI 96846-6000 or 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 APPLICAT	TION CHANGE VIEW	VABLE ACCOUNTS	ADD OR DELETE BILL PAY
BUSINESS INFORMATION			
BUSINESS NAME		FEDERAL ID NUMBER	BUSINESS PHONE
e-BANKOH USER NAME - (Must be between 8-32 characters in length. Must contain at least 2 alpha and, 2 numeric, and is case sensitive.)		EMAIL (All notices from Ba ADDRESS - address on file)	ank of Hawaii will be sent to this email address or to my physical
Note: Only Eligible Accounts with one common Authorized Signer will be approved.			
ACCOUNTS VIEWABLE			
(Select one) VIEW ALL ELIGIBLE	E ACCOUNTS VIEV	V ONLY THE FOLLOWING E	LIGIBLE ACCOUNTS:
	Account #	Account #	Account #
Business Checking			
Savings			
Other:			
Other:	ADD OD DELETE DI	LL DAY CEDVICE	
ADD OR DELETE BILL PAY SERVICE			
Add Bill Pay using Business Checking Account #			
CANCEL, please cancel Bill Pay Service			
CORPORATE RESOLUTION FOR E-BANKOH FOR BUSINESS			
I hereby certify to Bank of Hawaii ("Bank") that the following is a true copy of resolutions duly adopted by the Board of Directors of Corporation, either (i) at a meeting duly held at which a quorum was present and voting, or (ii) by written consent without a meeting of all directors, and that the resolutions have been duly entered in the book of minutes of Corporation and are now in full force and effect. RESOLVED, that the person(s) selecting the above e-Bankoh for Business services ("Application") and executing the above Application is a/are current officer(s) of Corporation and is hereby authorized to execute the Application, receive the Access Device(s) issued to Corporation for the requested e-Bankoh for Business Services and distribute the Access Devices to those persons who are authorized signers on the Accounts acting along and in the name of Corporation, as its act and deed, from time to time to use the Access Devices in the manner described in the Application and the Business Services Agreement ("Agreement") for the e-Bankoh for Business services requested. Unless defined herein, all capitalized terms in this Resolution shall have the same meaning as set forth in the Application and Agreement." FURTHER RESOLVED, that the undersigned is authorized and directed to certify to Bank the adoption of these Resolutions, and the name(s), title(s) and signature(s) of the present officer(s) of Corporation 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." FURTHER RESOLVED, that these Resolutions shall be conclusively deemed to be in addition to and shall not be deemed to revoke, rescind, modify or otherwise affect, any other resolutions heretofore or hereafter delivered to Bank on behalf of Corporation." FURTHER RESOLVED, that any and all actions heretofore taken by an officer(s) or employee(s) of Corporation and terms of the Application			
TO BE COMPLETED BY AUTHORIZED SIG	SIGNATURE		
PRINT NAME SIGNATURE			
			
IF REQUIRED BY THE CORPORATION'S ARTICLES OF INCORPORATION OR BYLAWS, CORPORATION MUST AFFIX CORPORATE SEAL HERE ITS: SECRETARY/ASSISTANT SECRETARY-SIGNATURE REQUIRED DATE			
FOR BANK USE ONLY			
ACTION TAKEN:		Request received date:	CSD Use:
(Please refer to BR 37-50) Signers Verified to Signature Card			Completed by:Date:
Copy of Signature Card Attached (If new account opened)		Branch / Dept. No.:	Returned by: Date:
Scan & email completed form with applicable documentation to DL 0109 e-Bankoh Admin			Memo #: