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	s for this service to be establish	ned once the completed form is	returned to Bank of Hawaii.
(Select all applicable) NEW APPLIC		VIEWABLE 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.)		pha EMAIL (All notices from Bi 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 ELIGIE	BLE ACCOUNTS	VIEW ONLY THE FOLLOWING E	LIGIBLE ACCOUNTS:
	Account #	Account #	Account #
Business Checking			
Savings			
Other:			
Other:			
ADD OR DELETE BILL PAY SERVICE			
Add Bill Pay using Business Checking Account #			
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			
entered in the book of minutes of Corporation and are in conformity with the Articles of Incorporation and By-Laws as well as the laws of the jurisdiction of formation, 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 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 Corporation and terms of the Application and Agreement are approved and author			
PRINT NAME	SIGNERS SIGNATURE		
	SISIWIT SINE		
IF REQUIRED BY THE CORPORATION'S ARTICLES OF BYLAWS, CORPORATION MUST AFFIX CORPOR		Y/ASSISTANT SECRETARY-SIGNATURE R	EQUIRED DATE
ACTION TAKEN TO		NK USE ONLY	000 11
ACTION TAKEN: Business Information Section Complete		Request received date:	
(Please refer to BR 37-50) Signers Verified to Signature Card			Completed by:Date:
☐ Copy of Signature Card Attached (If new account opened☐ Scan & submit via DMC forms (<u>eBankoh-Bill Pay Enrollm</u>			Returned by: Date: Memo #: