E-BANKOH FOR BUSINESS Limited Liability Company

h Bank of Hawaii

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 one) ☐ **NEW APPLICATION**   ☐ **CHANGE 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, 2 numeric and is case sensitive.)*

EMAIL ADDRESS - *(All notices from Bank of Hawaii will be sent to this email address or to my physical address on file)*

ACCOUNTS VIEWABLE

(Select one) ☐ View all eligible accounts   ☐ View only the following eligible accounts:

Note: Only Eligible Accounts with one common Authorized Signer will be approved.

	Account #	Account #	Account #
Business Checking			
Savings			
Other:			
Other:			

ADD OR DELETE BILL PAY SERVICE

☐ Add Bill Pay using Business Checking Account #_____
Monthly Fee: For application fees, please see the Fee Schedule for e-Bankoh for Business at the end of the eBankoh for Business Agreement.
I have read and agree to the terms of the e-Bankoh for Business Agreement

☐ CANCEL, please cancel Bill Pay Service

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 duly adopted by all of the Members (if member-managed) or the Managers (if manager-managed) of the 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 selecting the above e-Bankoh for Business services ("Application") and executing this Application is hereby authorized to execute the Application, receive the Access Device(s) issued to Company for the requested e-Bankoh for Business Services and distribute the Access Devices to those persons who are authorized signers on the Accounts and acting alone and in the name of Company, 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 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."

I/We understand that I/we will be asked to read and agree to the e-Bankoh for Business Agreement and e-Sign Agreement for e-Bankoh when I/we sign on to e-Bankoh for the first time (go to www.boh.com/ebankoh/disclosures_agreements.asp to see the agreements). By signing below I/we am requesting Bank of Hawaii to enroll the above referenced accounts for e-Bankoh service.

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 SIGNER

PRINT NAME	SIGNATURE	TITLE

TO BE COMPLETED BY ALL MEMBERS OR ALL MANAGERS (*as applicable*)

PRINT NAME	SIGNATURE	TITLE	DATE

FOR BANK USE ONLY

ACTION TAKEN:
(Please refer to BR 37-50)
☐ Business Information Section Complete
☐ Signers Verified to Signature Card
☐ Copy of Signature Card Attached (*If new account opened*)
☐ Scan & submit via DMC forms (*eBankoh-Bill Pay Enrollment*)

Request received date: _____

Branch / Dept. No.

CSD Use:

Completed by: _____ Date: _____
Returned by: _____ Date: _____
Memo #: _____

EB-2_E (Rev 4-2020)