## E-BANKOH FOR BUSINESS Partnership



**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 i	s returned to Bank	of Hawaii.	
(Select all applicable)					
NEW APPLICATION	CHANGE VIEWA	BLE ACCOUNTS	ADD o	ADD or DELETE BILL PAY	
	ORMATION	<u>—</u>			
BUSINESS NAME		FEDERAL ID NUMBER	BUSINESS F	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 ADDRESS - physical address)	m Bank of Hawaii will be sent to this email address or to my ss on file)		
	ACCOUNTS \	VIEWABLE			
(Select one)  VIEW ALL ELIGIBLE ACCOUNTS	UNITED ONLY THE FOLLOW!	NO ELICIDI E ACCOLINTO			
Note: Only Eligible Accounts with one com	VIEW ONLY THE FOLLOWII mon Authorized Signer will be appr				
The state of the s	Account #	Account #	Account #	<u> </u>	
Business Checking					
Savings					
Other:					
Other:					
	ADD OR DELETE BI	LL PAY SERVICE			
Add Bill Pay using Business Checking A Monthly Fee: For application fees, please see the Fe I have read and agree to the terms of the	e Schedule for e-Bankoh for Business at the er		nent.		
CANCEL, please cancel Bill Pay Service	e				
PA	RTNERSHIP AUTHORIZATION F	OR E-BANKOH FOR BUSI	NESS		
and (ii) that by executing the above request Access Device(s) issued to Company for the authorized acting along and in the name of Application and the Business Services Agreterms in this Authorization shall have the sa That this Authorization shall be conclusively authorizations heretofore or hereafter delivered.	e requested e-Bankoh for Business Company, as its act and deed, from rement ("Agreement") for the e-Ban me meaning as set forth in the App r deemed to be in addition to and sh	services and distribute the Antime to time to use the Accelor koh for Business services replication and Agreement.  The provided to revoke the Accelor to th	access Devices to the ess Devices in the ma quested. Unless defir	se persons who are inner described in the led herein, all capitalized	
I/We understand that I/we will be asked to r on to e-Bankoh for the first time (go to www requesting Bank of Hawaii to enroll the abo	v.boh.com/ebankoh/disclosures	s_agreements.asp to see to			
By submitting this Application and using the accordance with the instructions initiated by solely responsible for safeguarding the Sec	persons using the Services with th	e Security Code. In addition,	I/We acknowledge a	nd agree that I/we will be	
	AUTHORIZE	D SIGNER			
PRINT NAME	SIGNATURE		TITLE		
TO BE COMPLETED BY ALL PARTNERS	<u> </u>		I		
PRINT NAME	SIGNATURE		TITLE	DATE	
			PARTNER		
	FOR BANK L				
ACTION TAKEN: Business Information Section Complete		Request received date:	Request received date: CSD Use:		
(Please refer to BR 37-50) Signers Verified to Signature Card Copy of Signature Card Attached (If new account ope		24)	Completed by:		
Scan & email completed form with applicable		Branch / Dept. No.:	Returned by: Memo #:		
<b>—</b>	0109 e-Bankoh Admin		IVICITIO #.		