

# 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 is returned to Bank of Hawaii.**

(Select all applicable)

**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 and, 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

### PARTNERSHIP AUTHORIZATION FOR E-BANKOH FOR BUSINESS

The undersigned (collectively the "Partners") hereby certify to Bank of Hawaii ("Bank") that (i) the Partners are all of the general partners of the Company; and (ii) that by executing the above request for e-Bankoh for Business services ("Application") they are 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 acting along 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.

That this Authorization 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 on behalf of 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](http://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 PARTNERS

PRINT NAME	SIGNATURE	TITLE	DATE
		PARTNER	
		PARTNER	
		PARTNER	
		PARTNER	

### FOR BANK USE ONLY

ACTION TAKEN: <input type="checkbox"/> Business Information Section Complete (Please refer to <a href="#">BR 37-50</a> ) <input type="checkbox"/> Signers Verified to Signature Card <input type="checkbox"/> Copy of Signature Card Attached (If new account opened) <input type="checkbox"/> Scan & submit via DMC forms ( <a href="#">eBankoh-Bill Pay Enrollment</a> )	Request received date: _____	CSD Use:
	Branch / Dept. No. _____	Completed by: _____ Date: _____
		Memo #: _____