

# E-BANKOH FOR BUSINESS

## Sole Proprietor with TIN



**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	PRINT AUTHORIZED SIGNER
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

I understand that I will be asked to read and agree to the e-Bankoh for Business Agreement and e-Sign Agreement for e-Bankoh when I 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 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 SIGNATURE

PRINT NAME	SIGNATURE	TITLE	DATE
		OWNER	

### FOR BANK USE ONLY

Please refer to [BR 37-50](#)

#### ACTION TAKEN:

- Business Information Section Complete  
 Signers Verified to Signature Card  
 Copy of Signature Card Attached (If new account opened)  
 Scan & email completed form with applicable documentation to [DL 0109 e-Bankoh Admin](#)

Request received date: \_\_\_\_\_

Branch / Dept. No. \_\_\_\_\_

CSD Use:

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Returned by: \_\_\_\_\_ Date: \_\_\_\_\_

Memo #: \_\_\_\_\_