

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 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 & submit via DMC forms ([eBankoh-Bill Pay Enrollment](#))

Request received date: _____

Branch / Dept. No. _____

CSD Use:

Completed by: _____ Date: _____

Returned by: _____ Date: _____

Memo #: _____