BOH MOBILE & ONINE BANKING FOR BUSINESS
Unincorporated Organization

Bank of Hawaii

PRINT, **SIGN** and **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** ☐ **ADD OR DELETE BILL PAY** ☐ **CHANGE VIEWABLE ACCOUNTS**

BUSINESS INFORMATION

BUSINESS NAME	FEDERAL ID NUMBER	BUSINESS PHONE

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

ADD OR DELETE BILL PAY SERVICE

☐ Add Bill Pay using Business Checking Account #_____

☐ CANCEL, please cancel Bill Pay Service

ACCOUNTS VIEWABLE

Please check the box below and enter your User Name if you would like to be able to view all eligible accounts for this business.

☐ I/We currently have access to BOH Mobile & Online Banking using Username _____ and would like to view all eligible accounts.

UNINCORPORATED ORGANIZATION SIGNING AUTHORIZATION FOR BOH MOBILE & ONLINE BANKING FOR BUSINESS

At a regular meeting of the account owner ("Organization") held on at which a quorum was present and voting, and pursuant to articles and by-laws, if any, of Organization, the following was authorized:

1. that the person(s) signing below to request the above BOH Mobile & Online Banking for Business services ("Application") is a/are current officer(s) of the Organization and is/are hereby authorized to execute the Application, receive/establish the Security Code(s) issued to/ established by Organization for the requested BOH Mobile & Online Banking for Business services and distribute the Security Codes to those persons who are authorized acting alone and in the name of the Organization, 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 BOH Mobile & Online Banking 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; and
2. that the undersigned are authorized and directed to certify to Bank the adoption of these Authorizations, and the name(s), title(s) and signature(s) of the present officer(s) of the Organization 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; and
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 the Bank on behalf of the Organization; and
4. that any and all actions heretofore taken by an officer(s) or employee(s) of Organization in connection with or relating to the Services selected above are hereby ratified and confirmed as the proper and binding actions of Organization and terms of the Application and Agreement are approved and authorized and are binding upon Organization.

PRINT NAME	SIGNATURE	TITLE

REQUEST FOR BOH MOBILE & ONLINE BANKING FOR BUSINESS

By signing below, I/We, on behalf of the organization indicated above ("Organization") are requesting and authorizing Bank of Hawaii ("Bank") to take the action indicated above for BOH Mobile & Online Banking for Business service (the Service") for the Organization to view and access all of Organization's deposit and loan/credit accounts both currently and opened in the future with Bank ("Accounts") in order to transfer funds between Organization's Accounts and to initiate payments from Organization's deposit Accounts to Organization's credit Accounts, and if so requested, to add or delete BOH Mobile & Online Banking Bill Pay service for the Account(s) so indicated. By signing below, I/We represent that I/We are authorized to sign this application ("Application") on Organization's behalf, and that all of the above information is true and correct. Upon approval of this Application, I acknowledge that an email will be sent to the email indicated with instructions to select a user name and password ("Security Code") for distribution only to persons who are authorized by Organization to access the Accounts ("Authorized User(s"). Bank may honor any electronic transfers, payments, credit draws or other transactions initiated through the Service by any one Authorized User without verifying that the person is an Authorized User or has signed the signature card and/or agreements for the Accounts. By signing this Application and using the Service, I/We agree that the Service will be used solely for business purposes and that Organization agrees to all of the terms and conditions of the BOH Mobile & Online Banking for Business Agreement as well as any Account agreement, including the provision on jury trial waiver. By signing below Organization is granting Bank a Uniform Commercial Code security interest in all of Organization's deposit Accounts maintained with Bank now or in the future and to secure all payments and transfers from the deposit Accounts by any means and any current or future indebtedness to the Bank.

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).

PRINT NAME	SIGNATURE	TITLE

FOR BANK USE ONLY

Branch/Dept Use

☐ Business Information Section Complete
☐ Signers Verified to Organizational Documents
☐ Scan & submit via Deposit Operations forms (*Online Banking Enrollment for Business*)
Request Received Date:_____
Branch/Dept #_____ Validated by:_____

Deposit Operations Use

Completed by: _____ Date: _____

Returned by: _____ Date:_____