AUTOMATIC LOAN PAYMENT – AUTHORIZATION / CANCELLATION

STATE OF HAWAII	OR AMERICAN SAMOA
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GUAM, SAIPAN OR PALAU

(Please check one)

AUTHORIZATION OF AUTOMATIC LOAN PAYMENT

CANCELLATION OF AUTOMATIC LOAN PAYMENT (Go to page 2)

BORROWER NAME(S)

I (we) authorize Bank of Hawaii to originate debit entries to my (our) account at the financial institution described below ("Depository"), and to take money out of that account to pay the amounts then due on the loan identified below. I (we) understand that the use of automated clearinghouse ("ACH") transactions to pay my (our) loan is governed by ACH rules and U.S. law, and I (we) agree to abide by them.

This authorization shall remain in full force and effect in respect to all payments made in good faith notwithstanding my (our) death or bankruptcy or any revocation of this authority until written notice of my (our) death or bankruptcy or other revocation is received by Bank of Hawaii, or unless cancelled by Bank of Hawaii. I (we) will notify you at least 30 days before the scheduled payment if I (we) use a non-Bank of Hawaii deposit account for the withdrawal or at least 3 business days* before the scheduled payment if I (we) use a Bank of Hawaii checking or savings account for the withdrawal. DEPOSITORY ACCOUNT TO BE USED FOR WITHDRAWALS (DEBITS)

Please attach a voided check for Non-Bank of Hawaii withdrawal accounts. **If a voided check is not enclosed, authorization may be returned and processing may be delayed**. This authorization will take effect after it is processed by Bank of Hawaii and accepted by your depository institution. If any loan payments are due, they should be made by check. Please continue to make your monthly payments until you have been notified in your next statement.

DEPOSITORY NAME (BANK, SAVING AND LOAN OR CREDIT UNION)

TRANSIT ROUTI	NG NO. (9 DIGITS)	TYPE OF ACCOUNT			ACCOUNT NUMBER (CHECKIN	G OR SAVINGS ACCOUNT NO)			
				SAVINGS					
NAME(S) ON THE ACCOUNT			ACCOUNTHOLDER SIGNAT	ER SIGNATURE DATE					
HOME PHONE N	UMBER			WORK PHONE NUMBER					
			2001	NT TO BE PAID					
				OF LOAN					
LOANS: Payment will be credited on the due date or next business day if the due date is not a business day*.			INSTALLMENT LOAN AUTOMOBILE LOAN COMMERCIAL LOAN						
			TYPE	OF LOAN					
CREDITLINES:			HOME EQUITY CREDITLINE* PERSONAL FLEXLINE BANKOH COVERCHECK PRIVATE BANKLINE						
ADDITIONA	L PRINCIPAL PAYMENT AUTHORIZATIO	N							
Please deduct an additional principal \$ each payment date and apply it to principal balance. This amount will not change Unless I (we) notify Bank of Hawaii in writing. *All related term out options must have the same payment method as the revolver. Additional principal amount are optional for each separate term out option and or revolver.									
	·		SELE	CT PAYMENT DATE					
MORTGAGE:			(IF NOT INDICATED, PAYMENTS WILL TAKE PLACE ON THE FIRST BUSINESS DAY OF THE MONTH)						
				1 ST ☐ 5 TH	10 TH DAY OF EA	ACH MONTH			
MORTGAGE LOA									
	DITIONAL PRINCIPAL PAYMEN	T AUTHORIZATION							
Please deduct an additional principal \$ each payment date and apply it to principal balance. This amount will not change unless I (we) notify Bank of Hawaii in writing.									
It is agreed that Bank of Hawaii shall not be responsible or liable for failing to act as herein requested if such failure should be due to circumstances beyond our control.									
FORM INSTR	RUCTIONS								
Refer to page 2	2 for CANCELLATION requests.								
CUSTOMER:	Drop off form at nearest Bank of Ha mail to:	Bank o	of Hawa	CREDITLINES ii - Loan Operations Depar Honolulu, HI 96803-2715		lortgage Loan Servicing olulu, HI 96811-3650			
BRANCH:	 Provide copy of completed and s the customer when applicable Inter-branch completed original f 	Loan C		CREDITLINES ons Department #285	MORTGAGES Mortgage Loan Se	rvicing Department #362			
For Non-Bank of Hawaii withdrawal accounts, ensure copy of voided check is attached to this form									

* Business days' are Monday–Friday except federal holidays

AUTOMATIC LOAN PAYMENT – AUTHORIZATION / CANCELLATION

CANCELLATION OF AUTOMATIC LOAN PAYMENT							
NAME(S) ON TH							
ACCOUNT NUMB	ER						
PAYMENT DUE D	ATE						
		r .					
DEPOSIT ACCOUNT NUMBER			TRANSIT ROUTING NUMBER				
DEPOSITORY NAME (BANK, SAVINGS AND LOAN, CREDIT UNION)			TYPE OF ACCC				
DEPOSITORY INAMIE (DAMR, SAVINGS AND EOAN, GREDIT UNION)							
CONTACT TELEF	HONE NUMBER					0	
		d the at if your (arm) a	en colletion :		lass then 20 de		
	l my (our) automatic payment. I (we) understan on-Bank of Hawaii deposit accounts or less tha						
	int, this cancellation request may be effective of	,					
ACCOUNTHOLDER SIGNATURE REQUEST DATE							
It is agreed that E	ank of Hawaii shall not be responsible or liable for fail	ling to act as herein r	equested if su	ich failure should b	e due to circumst	ances beyond our control.	
FORM INSTR	UCTIONS						
CUSTOMER:	Drop off form at nearest Bank of Hawaii LOANS ANI		O CREDITLINES		MORTGAGE	ES	
	branch or mail to:	Bank of Hawaii - Loan Operations			aii - Mortgage Loan Servicing		
		Department PO Box 2715, Honolulu, HI 96803-2715		PO Box 3650, Honolulu, HI 96811-3650			
		1 0 00x 27 13,	nonoiuiu, m	1 90003-2713			
BRANCH: form to	1. Provide copy of completed and signed	LOANS AND CREDITLINES		MORTGAGE	ES		
	the customer when applicable	Loan Operation	Loan Operations Department #285		Mortgage Loan Servicing Department		
	2. Inter-branch completed original form to:				#362		

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