



eBanking for Business Enrollment Form TIN/EIN Customers

Company Information: New Change System Administrator

Please complete the form below and submit to your nearest branch location or billpayer@asbhawaii.com

Full Legal Name of Business (including "dba")			TIN/EIN	
Business Mailing Address		City	State	Zip Code
Business Phone Number		Business Fax Number		

System Administrator: Responsible for administering any additional User IDs and Passwords at the Company level.

System Administrator Name	Title
Requested Login ID (minimum of 8 characters) Note: A temporary password will be provided upon completion of set-up.	

Secure Access Delivery: A Secure Access Code is required to access your account(s) when you log into eBanking for the first time or the first time from any new device. This code is delivered to you via email, phone call, or SMS text message. Designate your contact information below.

System Administrator Email (REQUIRED)	Contact Phone Number	Mobile Phone Number
---------------------------------------	----------------------	---------------------

ACCOUNT(S) TO ENROLL IN EBANKING FOR BUSINESS:

- **(REQUIRED) Billing Account** – designate a business checking account for any applicable eBanking billable service charges.

Account Type	Account Number
<input checked="" type="checkbox"/> Checking	

• **Other Account(s) to Enroll in eBanking for Business**

Account Type	Account Number
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan	

OPTIONAL SERVICES: Select optional service(s) to use with eBanking for Business.

NOTE: Optional services you select may incur fees.

<input type="checkbox"/> Bill Pay – schedule a single or recurring payment online or from your mobile device. Once Bill Pay is enabled, your System Administrator will need to complete the set-up process.
<input type="checkbox"/> eBanking Report Module – compile your business account data into a single report to track important information to help you manage your business.

Authorized Signer Name (Please Print) _____ **X** _____ Authorized Signer Signature _____ Date _____

For questions about adding ACH, Wire and/or Positive Pay, contact Cash Management at (808) 539-7894.

For Internal Use Only: Please verify customer signature. Email the completed enrollment form to billpayer@asbhawaii.com

Employee Name (please print) _____