

## Cash Management Access Form (For all Corporations, LLC, Partnerships, Non-Profits)

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Tax I.D. Number: \_\_\_\_\_

Printed Name of Person with Primary Authority: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_

**\*User ID:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

\*User ID must be at least 6 characters. The password you choose must also be at least 6 characters and include at least one letter and one number. It can not be substantially the same as your user name. Please remember your password, but DO NOT WRITE YOUR PASSWORD HERE.

DIRECTIONS:

1) Please mark the transaction types for which you would like access:

Transaction Type	Allow Access	Limits? (If YES, please note the desired amount of limit. If NO, limit automatically set at \$999,999.99)
<b>Full Authority: ALL Transactions</b>		
Electronic Bill Payment		
Loan Principal Reductions		
Regular Loan Payments		
Stop Payments Online		
Account Transfers		

2) Will anyone else have access to this account? Yes \_\_\_\_\_ No \_\_\_\_\_

If **NO**, then STOP here, sign and return this form to Ohana Pacific Bank for account set-up. Please allow 2-3 days for completion of set-up.

Primary Authorized Signer \_\_\_\_\_

Print Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**If YES, then please provide information on each additional user(s) on the Cash Management Access Form for Additional Authorized Users**

## Cash Management Access Form Additional Authorized Users

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Tax I.D. Number: \_\_\_\_\_

Printed Name of Additional Authorized User: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_

**\*User ID:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

\*User ID must be at least 6 characters. The password you choose must also be at least 6 characters and include at least one letter and one number. It can not be substantially the same as your user name. Please remember your password, but DO NOT WRITE YOUR PASSWORD HERE.

Names of Others with Access	Allow Access	Limits? (If YES, please note the desired amount of limit. If NO, limit automatically set at \$999,999.99)
<b>VIEW ONLY – No transactions</b>		
Account Transfers		
Electronic Bill Payment*		
Change Customer Profile*		
Check Reorders Online*		
Check Reprints		
Loan Principal Reductions		
Regular Loan Payments		
Statement Reprint Requests		
Stop Payments Online		
ALL other transactions are not allowed unless requested by the Primary Authorized Signer.		

**\* These transactions are NOT allowed if the additional user is not an authorized signer.**

Additional User's Signature: \_\_\_\_\_

Primary Authorized Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_