



IMPORTANT LEGAL NOTICE:

Territorial Savings operates as a division of Bank of Hope. All authorizations submitted through this form are processed by Bank of Hope, Member FDIC.

Business Online Banking Enrollment & Update Form☐ **New Enrollment**☐ **Cancel Enrollment/All Services**☐ **Update Services/Accounts – Specify what is being updated:** _____**Examples: change administrator, add bill pay and wire services****Please type or print legibly to ensure your request is processed without delay.****1 - COMPANY and ADMINISTRATOR INFORMATION**

Company Legal Name: _____ Tax ID #: _____

Mailing Address: _____ Business Phone #: _____

_____ Business Fax #: _____

Administrator's Name: _____ Title: _____

Administrator's Business Phone #: _____ E-mail address: _____

Administrator's Login Information: The Administrator's Access ID is required to log in and cannot be changed once assigned. The Security Question and Answer is used by the Bank to authenticate the Administrator.

Administrator Access ID: _____ (max 19 characters, DO NOT include special characters, case sensitive)

Example: MarySmith

Security Question: _____ Security Answer: _____

Example: Q - What is your mother's maiden name? A - Doe

☐ **Check here if the Administrator is NOT an Authorized Signer.**

NOTE: An Authorized Signer of the Company must sign the Application granting the Bank permission to accept instructions from the Administrator. The Bank must have a current resolution on file specifying that the individual who signs this Application is an Authorized Signer of the Company with full authority to appoint Administrators. **The Administrator will be given access to all Online Banking Services indicated on this Application and any subsequent Application forms submitted by the Authorized Signer. The Administrator has the ability to enroll Users who are able to access the Online Banking Services at any time, and to specify each User's level of authority.**

2- SERVICES ADMINISTRATOR CAN ACCESS**Select Option 1 or Option 2**Option 1: ☐ **View Only** (view account balances and account activity – including access to eStatements, process stop payments, export account activity)Option 2: ☐ **Internal Funds Transfers** (access to the same features as View Only and perform Internal Funds Transfers)**Services available with Option 2 (only):**☐ **Bill Payment** (Maximum payment amount is \$9,999.99)☐ **Domestic Wire Transfers only**☐ **International Wire Transfers only**☐ **Domestic and International Wire Transfers**

The maximum Wire Funds Transfer limit is \$25,000 per day for each wire category.

3- BANK ACCOUNTS: List the account number(s) to be accessed through Business Online Banking.

NOTE: The **Primary Account** is the business account that will be charged applicable Business Online Banking fees.

	Add	Delete	Account Number	Account Type			Use Account for Bill Payment Service	Use Account for Wire Funds Transfer Service
				Checking	Savings or CD	Loan		
Account								
Example	X		08-1234564	X			X	X
Primary Account 1								
Account 2								
Account 3								
Account 4								
Account 5								

[Add additional sheets if needed for additional accounts.]

See **Business Schedule of Fees** for the most current charges on services.

As of 4/28/2017, the following charges apply:

Fee per outgoing domestic wire - \$30.00

Fee per outgoing international wire - \$40.00

Bill Payment – No monthly service fee. You may be charged a fee for special handling (e.g., stop payment request, expedited payment).

eStatements - No monthly service fee. Must have a Tax ID#/EIN.

4- OTHER USER(S) INFORMATION – USER 1

The Administrator has the ability to enroll Users to access general Online Banking services and specify each User's level of authority. Or, for your convenience, complete the information below for each User **you would like the Bank to enroll.**

TSB will enroll Users who will be accessing the Wire Transfer or Bill Payment services.

1. User's Name: _____ Title: _____
2. Access ID: _____ (max 19 characters, DO NOT include special characters; case sensitive)
3. User Phone #: _____ User E-mail Address: _____
4. Security Question: _____ Security Answer: _____
5. Will the User have the same privileges as your Administrator? Yes _____ No _____

Complete the following only if you responded "No" to #5.

Account Information and Access

Indicate Yes or No if the User can view accounts and transaction activity for each of your accounts listed in Section 3

BANK ACCOUNTS: Yes _____ No _____

Perform stop payments on checking accounts? Yes _____ No _____

Export or download transaction activity? Yes _____ No _____

Internal Funds Transfer Access

Schedule, Edit, Delete Internal Funds Transfers? Yes _____ No _____

If you indicated "No," can the User view scheduled Internal Funds Transfers? Yes _____ No _____

Require Administrator to Review/Approve Internal Funds Transfers Scheduled by the User? Yes _____ No _____

Bill Payment Access

Schedule Bill Payments? Yes _____ No _____

Require the Administrator to Review/Approve Bill Payments Scheduled by the User? Yes _____ No _____

Wire Transfers Access

Schedule Wire Transfers? Yes _____ No _____

What types of Wire Transfers? Domestic only _____ International only _____ Domestic and Int'l _____

Require the Administrator to Review/Approve Wire Transfers scheduled by the User? Yes _____ No _____

The maximum daily limit is \$25,000 per day for each wire category. Same limit _____ Lower limit of \$ _____.

4- OTHER USER(S) INFORMATION – USER 2

The Administrator has the ability to enroll Users to access general Online Banking services and specify each User's level of authority. Or for your convenience, complete the information below for each User you would like the Bank to enroll.

TSB will enroll Users who will be accessing the Wires Transfer or Bill Payment services.

1. User's Name: _____ Title: _____
2. Access ID: _____ (max 19 characters, DO NOT include special characters; case sensitive)
3. User Phone#: _____ User E-mail Address: _____
4. Security Question: _____ Security Answer: _____
5. Will the User have the same privileges as your Administrator? Yes _____ No _____

Complete the following only if you responded "No" to #5.

Account Information and Access

Indicate Yes or No if the User can view accounts and transaction activity for each of your accounts listed in Section 3

BANK ACCOUNTS: Yes _____ No _____

Perform stop payments on checking accounts? Yes _____ No _____

Export or download transaction activity? Yes _____ No _____

Internal Funds Transfer Access

Schedule, Edit, Delete Internal Funds Transfers? Yes _____ No _____

If you indicated "No," can the User view scheduled Internal Funds Transfers? Yes _____ No _____

Require Administrator to Review/Approve Internal Funds Transfers Scheduled by the User? Yes _____ No _____

Bill Payment Access

Schedule Bill Payments? Yes _____ No _____

Require the Administrator to Review/Approve Bill Payments Scheduled by the User? Yes _____ No _____

Wire Transfers Access

Schedule Wire Transfers? Yes _____ No _____

What types of Wire Transfers? Domestic only _____ International only _____ Domestic and Int'l _____

Require the Administrator to Review/Approve Wire Transfers scheduled by the User? Yes _____ No _____

The maximum daily limit is \$25,000 per day for each wire category. Same limit _____ Lower limit of \$ _____.

[Add additional sheets if needed for additional Users.]

5- TOKEN DELIVERY INSTRUCTIONS – FOR COMPANIES WITH BILL PAYMENT OR WIRE SERVICES ONLY

Tokens

As an additional security feature, a token that generates a unique one-time password will be provided to Bill Payment and Wire Transfer Users.

How would you like us to deliver your token(s)?

_____ Pick up at a Branch _____ (branch location)

_____ Mail to business address _____

If you chose to pick up your token at a branch, a TS employee will contact you when your tokens are available to be picked up. TS will register the Token(s) for your employee(s). An instruction sheet on how to activate your token(s) will be included when you receive your token. The employee(s) has **9 calendar days from the date you receive notification that your token(s) are available for pick up or the postmark date to activate the token**. If the token is not activated within 9 days, please contact Electronic Banking Services for assistance.

6- AUTHORIZATION

By signing below, I warrant and represent that I am an authorized representative (an “Authorized Signer”) of the Accountholder specified below (the “Company”), and am duly authorized to act on behalf of the Company pursuant to the resolution on file with Territorial Savings, a division of Bank of Hope (the “Bank”). In that capacity, I request on the Company’s behalf that the Bank provide Business Online Banking Services and any additional designated services (e.g., Wire Transfer and Bill Payment) for the accounts designated above. I further agree to the following on the Company’s behalf:

The Company acknowledges that it has received, read and agrees to be bound by the terms and conditions of the Territorial Savings Business Online Banking Agreement, including any amendments, appendices, exhibits, and schedules.

The Company may begin to use Online Banking Services after the Bank has processed all required and properly executed forms (including this application).

The Authorized Signer may provide all instructions and enter into all transactions contemplated under the applicable Online Banking Services offered by the Bank. These may include, but are not limited to, giving the Bank instructions regarding fund transfers and designating employees or other persons (“Users”) to act in the name and on behalf of the Company.

The Company will defend, indemnify and hold the Bank harmless from any acts or omissions of the Authorized Signer and all Users.

The Authorized Signer and the Company certify that the information provided in this application is true and accurate.

Company Name: _____

Authorized Signer: _____ Print Name: _____

Title: _____ Date: _____

FOR BANK USE ONLY

Branch - Accepted By: _____ Reviewed By: _____ Branch #: _____
(print name/initial) (print name/initial)

Date Accepted: _____ Date Sent to Electronic Banking Services: _____

EBS – Date Processed: _____ Processed By: _____ Access Key: _____

Date Reviewed: _____ Reviewed By: _____

Date Welcome Letter & E-mail Sent: _____ Sent By: _____

Tokens Issued for Wire & Bill Pay Customers:

Serial No. _____ Name: _____

Serial No. _____ Name: _____

Serial No. _____ Name: _____

Date Tokens Mailed: _____ Sent to: _____

Tokens Issued By: _____ & _____