

Request Type:		Request Date:
Administrator Change		

This Acknowledgement and Authorization is made between the business identified below ("You") and Central Pacific Bank, whose business address is P.O. Box 3590, Honolulu, Hawaii 96811 and is effective on the date on which you successfully completed and submitted this document.

By signing below and delivering this Acknowledgement and Authorization to Central Pacific Bank, you (1) acknowledge and confirm your agreement to all of the terms and provisions of this document and the Business Online Banking Agreement ("Agreement") which is made a part of this Acknowledgement and Authorization and (2) authorize Central Pacific Bank to make transfers and payments to and from your accounts in accordance with the instructions initiated by Those you have given authorization to.

In the future, if Central Pacific Bank offers additional or supplementary services to those described in the Agreement, if Central Pacific Bank notifies you of the terms of use of such additional or supplementary services and you subscribe to or utilize such additional or supplementary services, you agree that all of the terms of the Agreement and any additional terms specified by Central Pacific Bank in any applicable amendment will apply to those services, to the greatest extent possible, unless we notify you otherwise.

You may rescind this Acknowledgement and Authorization anytime by calling Central Pacific Bank's Customer Service Center at 808-544-0500 or by delivering or faxing a written notice of your desire to rescind the Acknowledgement and Authorization to: Central Pacific Bank, Electronic Banking Department, P.O. Box 3590, Honolulu, Hawaii 96811, facsimile: 808-532-4952. This acknowledgement & authorization will remain in effect until a request to rescind is received.

Business Online Banking Service Fees will be charged to the account listed below, if applicable.

CUSTOMER & ACCOUNT INFORMATION	
Business Name:	
Taxpayer Identification Number (EIN):	
CIF Number:	
Business Address:	
E-Mail Address:	
Business Phone:	
Business Checking or Savings Account Number & Type:	
Number of Required Signers:	

ADMINISTRATOR DESIGNATION	
Designated Administrator for Online Banking must be an authorized signer of the account(s).	
<i>Designated Administrator is the only person with the ability to reset the password or security questions.</i>	
First and Last Name of Authorized Administrator:	
Administrator Cell Phone Number:	
Administrator Date of Birth: <i>(Identification Purposes)</i>	
Online Banking User Name:	(Must be 8-26 Characters Long)

AUTHORIZED SIGNERS		
If number of required signers listed above is 2 or more, the same number of signers must sign below.		
AUTHORIZED SIGNER NAME	TITLE	AUTHORIZED SIGNATURE

BANK USE		
RECEIVED BY	BRANCH #	BRANCH NAME