



CUSTOMER AUTHORIZATION FOR AUTOMATIC PAYMENT

Use this form to set up monthly automatic payments to make your loan payment to First Hawaiian Bank (“FHB”). Please allow 10 business days for us to set up automatic payments, or to process any update or cancellation of this authorization.

If you have any questions, please contact us at (808) 844-4444.

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|--|---|---------------------|--|
| Type of Request | <input type="checkbox"/> Set up New Authorization <input type="checkbox"/> Update Existing Authorization <input type="checkbox"/> Cancel Existing Authorization | | |
| Type of Loan | <input type="checkbox"/> Installment Loan <input type="checkbox"/> Line of Credit (FirstLine®, Yes-Check Accounts) | | |
| FHB Loan Number* Your Loan Number must include your 11-digit Account and Note Number. ex: 000XXXXXXXX-00001 | | | |
| Name of Financial Institution to Debit Funds From | | | |
| Routing Number (not required if above is FHB) | | | |
| Debiting Account Number | | Account Type | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |

* For Lines of Credit with a Fixed-Rate Lock Option, a separate authorization is required for each Fixed-Rate Lock.

AUTHORIZATION AGREEMENT

I authorize First Hawaiian Bank (“FHB”) to deduct the current amount due on my loan account (which may include fees and charges due) from my checking or savings account at the financial institution named above, on the terms and conditions below:

EFFECTIVE DATE: Automatic Payments will become effective after FHB has sufficient time (minimum 10 business days) to process this request and will remain in effect until revoked by me or FHB (see Revocation terms below).

FREQUENCY OF DEBIT; WEEKENDS AND HOLIDAYS: Funds will be debited monthly on the due date of the payment. If the specified day falls on the weekend or a holiday, the payment will be processed on the next business day.

AMOUNT DEBITED MAY VARY: I understand that if my account is a FirstLine account, the loan payment amount may change due to fluctuations in my balance, and/or fluctuations in the Index Rate if my FirstLine was made on an Adjustable Rate Basis

RETURNED PAYMENT FEE: I understand that if my payment is dishonored for any reason, I may be charged \$25.00, unless applicable law requires a lower charge or prohibits any charge. This fee may be added to my next monthly payment and deducted automatically from my account.

HOW DEBITED AMOUNT IS APPLIED: Payments will be credited to the oldest payment amount due.

FINAL PAYMENT TO PAYOFF LOAN: This agreement will not apply to the final payment for the Loan listed above; no draft will occur. The final payment must be made via cash, check, or money order and sent to us separately.

TERMINATION DUE TO BANKRUPTCY: If I file for protection under 11 United States Code Title 11, FHB may immediately terminate this agreement upon receipt of notification. If a payment is scheduled within ten (10) business days and FHB cannot reasonably stop the transaction, FHB will allow the transaction to be processed and terminate this agreement once the funds have been returned to my account with the financial institution listed above.

REVOCACTION: This authorization remains in full force and effect until (i) revoked by me by written notice mailed to First Hawaiian Bank, Consumer Credit Service Center, P.O. Box 2400, Honolulu, Hawaii 96804-9979, (ii) until my entire balance is paid in full and my loan account has been closed, or (iii) revoked by the Bank in writing. I understand that FHB will require at least 10 business days to process my request to cancel this authorization.

LAW GOVERNING AGREEMENT: Hawaii state law will apply to this authorization and all transactions made under it.

By signing below, I understand and agree to the terms of this agreement.

Authorized Signature (as shown on financial institution records)

Authorized Signature (as shown on financial institution records)

Print Name

Print Name

Date

Date

Attach your voided check or savings deposit slip from the above-named financial institution in this space.
Alternatively, you may attach a copy of your statement showing your name and account number.
Not Required for debit from an FHB checking or savings account.

Please return this form to your nearest First Hawaiian Bank branch or mail to:

First Hawaiian Bank, Consumer Credit Service Center, P.O. Box 2400, Honolulu, Hawaii 96804-9979.

Please complete and sign two copies of this Authorization Form and keep one copy for your records.