

|               |                 |                     |  |
|---------------|-----------------|---------------------|--|
| ACCOUNT TITLE | REQUEST TYPE    | TRANSFER PURPOSE    | DATE                                   |
|               | TRANSFER AMOUNT | FIRST TRANSFER DATE | EXPIRATION DATE                        |
|               |                 |                     | <input type="checkbox"/> UNTIL REVOKED |

|  |                                    |
|--|------------------------------------|
| <b>TRANSFER SCHEDULE</b>   | <b>1<sup>st</sup> Transfer Day</b> |
| AS REQUIRED (ODP & Exceptional Features Only) [ANY]      SEMI-MONTHLY (Twice a Month) [01-31]<br>WEEKLY (Once a Week) [M-F]      BI-MONTHLY (Once Every Other Month) [01-31]<br>BI-WEEKLY (Once Every Other Week) [M-F]      QUARTERLY (Once Every 3 Months) [01-31]<br>MONTHLY (Once a Month) [01-31]      ANNUALLY (Once Every Year) [01-31] | <b>2<sup>nd</sup> Transfer Day</b> |

|  |                   |
|--|-------------------|
| <b>TRANSFER DETAILS</b>  | <b>CIF NUMBER</b> |
| <b>INTERNAL TRANSFER</b> – Transfer of funds from a CPB Account To a CPB Account<br><b>EXTERNAL TRANSFER</b> – Transfers of funds between CPB & Other Financial Institutions |                   |

I authorize CPB to electronically debit my (our) account (and, if necessary, credit my account to correct erroneous entries) as follows:

|                |   |  |
|----------------|---|--|
|                | <b><i>"FROM"</i></b><br>DEBIT ACCOUNT INFORMATION | <b><i>"TO"</i></b><br>CREDIT ACCOUNT INFORMATION |
| BANK NAME      |   |  |
| ROUTING NUMBER |   |  |
| ACCOUNT TITLE  |   |  |
| ACCOUNT NUMBER |   |  |
| ACCOUNT TYPE   |   |  |

|  |
|--|
| <b>AUTHORIZATION &amp; AGREEMENT</b>   |
| <p><b>General.</b> I understand that this authorization will remain in full force and effect until I notify CPB in writing that I wish to revoke this authorization. I understand that CPB requires at least 5 business days prior notice in order to cancel this authorization. If this agreement changes any prior authorization between you and me, the prior authorization is hereby cancelled, and I instruct you to follow this authorization. I further acknowledge that you have no responsibility to contact me when the above transfer(s) occur(s). I understand that I can call you to find out whether or not the transfer has been made. I understand that it is my responsibility to have sufficient funds available in my account on the transfer date(s) in order for you to make the automatic payments. I acknowledge that if sufficient funds are not available in my account to cover the amount of the transfer(s), the transfer may not be made I acknowledge that Central Pacific Bank will not be liable for any charges, late charges, additional interest, or other damages if a transfer cannot be completed as scheduled. I understand that automatic transfers should be scheduled at least 5 business days in advance of any payment due dates; mortgage loan payments will be made only once each month; if the scheduled transfer date is a Saturday, Sunday, or bank holiday, the transfer will be processed on the next business day.</p> <p><b>Cover Overdrafts.</b> In addition to the General terms above, if this transfer is for "Overdraft Protection," the following terms also apply. If I do not have enough funds in the "Transfer To" account listed above to pay items presented against that account, I authorize Central Pacific Bank to automatically transfer funds from the "Transfer From" account listed above (in the amount set forth above) and deposit the transferred funds into the "Transfer To" account to cover any amounts overdrawn. This agreement is subject to the terms and conditions contained in the Deposit Account Agreement and Disclosure. I acknowledge that if there are not enough available funds in the "Transfer From" account listed above, to cover the amount(s) overdrawn (or incremental transfer amount, if applicable), then the transfer may not be made and Central Pacific Bank may treat the item as a non-sufficient funds (NSF) item and process it as such. I understand that a fee may be imposed for this Overdraft Protection service, which is disclosed in the separate Miscellaneous Fee Schedule. If the "Transfer From" account is a line of credit, I understand that the amount transferred to cover overdrafts in my checking account will in increments specified in the agreement for my line of credit.</p> |

(I/We) have read, understand and agree to the agreement stated above.

|                      |               |           |                 |      |
|----------------------|---------------|-----------|-----------------|------|
|                      | Customer Name | Signature | Contact Number  | Date |
| <b>AUTHORIZATION</b> |               |           |                 |      |
| <b>REVOCATION</b>    |               |           | Effective Date: |      |

|          |             |             |              |      |                 |
|----------|-------------|-------------|--------------|------|-----------------|
| BRANCH # | BRANCH NAME | PREPARED BY | PROCESSED BY | DATE | TRANSFER TYPE/# |
|----------|-------------|-------------|--------------|------|-----------------|