



Membership and Authorization Form

Please complete your PacPay membership form and acknowledge/authorize the information on file. Email to jskaneshiro@fhb.com

Add New Member

Update Member Information

Delete Member

Financial Institution

F.I. Name _____

Transit # _____

Address _____

City, State _____ Zip Code _____

PacPay Annual Membership Fees/Dues Will be Charged to:

Transit #: _____ Account #: _____

Administrative Contact (Primary)

List additional contacts on back of form

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Operations Contact (Primary)

List additional contacts on back of form

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Print Name

Authorized Signature

Date



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Please complete your PacPay membership form and acknowledge/ authorize the information on file. Email to jscaneshiro@fhb.com

Complete if applicable:

Administrative Contact (Secondary)

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Operations Contact (Secondary)

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Operations Contact (Secondary)

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____