

SurePay

Authorization Form

I authorize Hawaiiana Management Company, Ltd., as Agent for my association, to begin deductions from my account with the financial institution named below for payment of my association charges.

I also agree to payment of any handling fee charged for SurePay payment that cannot be processed due to insufficient funds, stop payment or account closure.

If you wish to terminate SurePay payment, you must send a letter of notification to Hawaiiana Management Company, Ltd. Your letter must be received 15 days prior to the next SurePay payment for the termination to be effective.

If we wish to terminate SurePay payment, we must send a letter of notification to you. This letter must be received 15 days prior to the next SurePay payment for the termination to be effective.

Date: _____

Association: _____

Unit Number: _____

Hawaiiana Account Number: _____

Financial Institution: _____

Account Number: _____

Type of Account: Checking Savings

Authorized Signature _____

Account Holders Name (please print) _____

Please attach a voided check from your financial institution for verification, if applicable.

Your automatic payment will be made on or about the 10th of the month. If the form is received by the 15th, SurePay will go into effect the following month.

KEEP THIS SECTION FOR YOUR RECORDS

On _____, I authorized Hawaiiana Management Company, Ltd., to initiate electronic funds transfer from my account with my financial institution to pay my association charges for my unit.

Association Name: _____

Unit Number: _____

Financial Institution: _____

Type of Account: Checking
 Savings

Account Number: _____

NOTES:

If you wish to terminate SurePay payment, send a letter of notification to Hawaiiana Management Company, Ltd. Your letter must be received 15 days in advance of the next SurePay payment for the termination to be effective.

If we wish to terminate SurePay payment, we must send a letter of notification to you. This letter must be received 15 days in advance of the next SurePay payment for the termination to be effective.

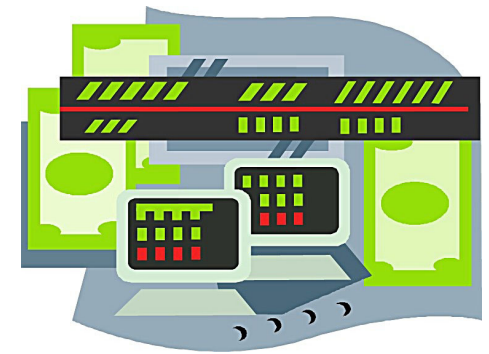
If you have any questions regarding your bank statement, please call your financial institution.

If you have any questions regarding SurePay, please call us at 593-6830 and ask for the Accounting Supervisor.

SurePay

Automatic Payment Service

for your Association Charges



SurePay Advantages:

- **No checks to write!**
- **No postage to pay!**
- **No chance of late fees!**

Hawaiiana Management Company, Ltd.
711 Kapiolani Boulevard, Suite 700
Honolulu, Hawaii 96813
Ph: 593-9100 Fax: 593-6333
www.hmcmgt.com

Discover the convenience of **SurePay** Automatic Payment of Association Fees

SurePay offers an easy approach to paying association charges through any participating local or mainland bank, credit union or savings & loan.

Tired of remembering to send your association fees? Want to **save postage** and **avoid late charges?** Then it's time for **SurePay**, the automatic association fee program being offered by Hawaiiana Management Company, Ltd., and the Bank of Hawaii.

SurePay is easy, and almost every financial institution in the United States participates. Simply authorize Hawaiiana Management Company, Ltd., to directly debit your savings or checking account on or about the tenth of every month and you'll never worry again about mailing your check on time.

Hawaiiana's **SurePay** is an automatic payment system that has been in use for many years. It's easy, reliable, and has been proven by many users including banks, utility companies and Hawaiiana itself.

If you decide later that you would prefer to pay your association charges directly, you can terminate any automatic payment by contacting Hawaiiana before the end of a month for the following month.

For **SurePay** convenience, simply complete the adjacent form, detach and return it today! Retain the informational portion for your files.

(KEEP THIS PART FOR YOUR RECORDS)

SurePay

Instructions

This brochure has two parts. One part is the Authorization Form and the second part is an informational section, which you should keep for your records.

First, complete the Authorization Form and cut it off along the dotted line.

Second, please make sure that you have written your account number correctly on the form. If you are using your checking account, please attach a voided check with your form.

Third, mail the completed form and voided check to the following address.

Mail Authorization Form to:

**Hawaiiana Management Company, Ltd.
Attention: SurePay
711 Kapiolani Boulevard, Suite 700
Honolulu, Hawaii 96813**

Please review your bank statement for your first SurePay payment. If we receive your completed form by the 15th of a month, SurePay will be effective the following month.

If you have any questions, please call 593-6830 and ask for the Assistant Controller.