

Monthly Billing Option Change Form

Please print and complete one form per account. Send via U.S. Postal Service to:

eHawaii.gov
Attn: Subscriber Services
201 Merchant Street, Suite 1805
Honolulu, HI 96813

or call us at 808-695-4622 to update your account.

Step 1: Subscriber Account Information

eHawaii.gov Subscriber Account Name:
eHawaii.gov Subscriber Account Number:

Step 2: Change Billing Option

Check (✓) the applicable **current** and requested **new** billing options.

CURRENT Billing Option:	NEW Billing Option:
<input type="checkbox"/> Electronic Fund Transfer	<input type="checkbox"/> Electronic Fund Transfer
<input type="checkbox"/> Manual Payments	<input type="checkbox"/> Manual Payments
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Credit Card

Step 3: Change Account Information

Check (✓) and complete the appropriate section for the **current** and requested **new** account information.

CURRENT Account Information:	NEW Account Information:
<input type="checkbox"/> Electronic Fund Transfer: Routing Number: _____ Account Number: _____ Bank Name: _____ Customer Type (✓ one): <input type="checkbox"/> Business <input type="checkbox"/> Consumer Account Type (✓ one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> General Ledger	<input type="checkbox"/> Electronic Fund Transfer: Routing Number: _____ Account Number: _____ Bank Name: _____ Customer Type (✓ one): <input type="checkbox"/> Business <input type="checkbox"/> Consumer Account Type (✓ one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> General Ledger
<input type="checkbox"/> Credit Card Billing – Please note, 3% surcharge applies effective October 1, 2011. We no longer accept payments from Visa credit cards. Card Number: _____ Expiration Date (MM/YYYY): ____ / ____ Card Type (✓ one): <input type="checkbox"/> Am.Ex. <input type="checkbox"/> Discovery <input type="checkbox"/> MasterCard	<input type="checkbox"/> Credit Card Billing – Please note, 3% surcharge applies effective October 1, 2011. We no longer accept payments from Visa credit cards. Card Number: _____ Expiration Date (MM/YYYY): ____ / ____ Card Type (✓ one): <input type="checkbox"/> Am.Ex. <input type="checkbox"/> Discovery <input type="checkbox"/> MasterCard
<input type="checkbox"/> Manual Billing – Please note, 5% surcharge applies effective October 1, 2011. Contact Name: _____ Mailing Address: _____ _____ _____	<input type="checkbox"/> Manual Billing – Please note, 5% surcharge applies effective October 1, 2011. Contact Name: _____ Mailing Address: _____ _____ _____

Continue on next page.

Monthly Billing Option Change Form (continued)

Step 4: Email Invoice Option

To receive your invoices automatically via email, please enter one (1) email address below:

Email:

Step 5: Authorization

Print your name, sign and date below:

Printed Name

Signature

Date

Upon receipt, your account information will be updated within three (3) business days.