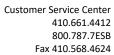


Office Use Only Acct Nbr _

CONSUMER NEW ACCOUNT APPLICATION

Customer Service Center 410.661.4412 800.787.7ESB Fax 410.568.4624

CHECKING ACCOUNTS* EasternEase Checking Classic Checking Club 50 Checking Premier Checking *Sayings & Checking accounts of	SAVINGS ACCOUNTS* Money Market Savings Retirement Money Market are only available to Maryland residents.		CERTIFICATE ACCOUNTS Short Term 3-Month 6-Month 12-Month 18-Month Other	ong Term 24-Month 30-Month 36-Month 48-Month 60-Month			
Savings & effecting accounts are only available to marylana residents.							
OWNERSHIP Individual Trustee (beneficiary) Joint Other	Plan Type:	ED PLAN INFORMATION Traditional Typ Roth Coverdell ESA	e of Deposit: Regular/Sp Rollover Trustee Tra	ousal, tax year			
PAYMENT METHOD (certificate accounts of	nly, check one)	OPENING AMOUNT	\$				
☐ Interest post to account (compound) ☐ Interest transferred to ☐ Checking of Bank Name Routing Number Account Number	Savings	☐ Check ☐ Wire from ☐ Transfer from ☐ ACH (if selected, cor	plete Direct ACH Debit Payment for C	(Bank Name) (ESB Acct. Nbr.) (Pening Deposit below)			
DIRECT ACH DEBIT PAYMENT FOR OPENIN time debit to my/our checking/savings accou of opening a deposit account with Eastern Sa with the provisions of U.S. law.	nt at the depository financial	institution named below vledge that the origination	and to debit the same to such on of ACH transactions to my/ou	account for the purpose			
Bank Name:		Bank Routing/Tran	sit (9-digits):				
Address:		Account Number:					
City, State, Zip:		Account Type:	Checking	Savings			
Amount: \$		Transaction Date (· ·				
This authorization is in effect unless Eastern S and manner as to afford Eastern Savings Ban			n me (or either of us) of its cand	ellation in such time			
CUSTOMER INFORMATION: In accordance to obtain, verify, and record information that address, date of birth, and other information information. Name: Address: City, State, Zip: Daytime Phone:	identifies each person who o	pens an account. When	you open an account, we will as see your driver's license or othe SSN or EIN: Date of Birth:	k you for your name,			
· · · · · · · · · · · · · · · · · · ·		- Janua Data	Evening Phone:	- Data			
Driver's License State & Nbr: Primary Owner Em	ail Address:	Issue Date	Expiratio	ii Date:			
	an Auuress.						
Name:			SSN or EIN:				
Address:			Date of Birth:				
City, State, Zip:			_				
Daytime Phone:	Cell Phone:		Evening Phone:				
Driver's License State & Nbr:		Issue Date	 Expiratio	n Date:			
Email Address:							
☐ Joint Owner ☐ Beneficiary POD	Other						
Retirement Accounts Only: Primary or	Contingent Beneficiary	Relations	nip to owner:				
Customer information continued on additional	ıl page.			_			
Customer's Signature 🗶							
Attention Applicants: Rates are subject to change each owner's driver's license is required to accom			ands are received by Eastern Savi	ngs Bank. A copy of			





CUSTOMER INFORM	ATION CONTINUED:				
Name:				SSN or EIN:	
Address:				Date of Birth:	
City, State, Zip:				•	
Daytime Phone:		Cell Phone:		Evening Phone	:
Driver's License State	e & Nbr:		Issue Date:	-	Expiration Date:
Email Address:					
Joint Owner	Beneficiary POD	Other			
Retirement Accounts	s Only: Primary or	Contingent Beneficiary	Relationsl	hip to owner:	
Name:				SSN or EIN:	
Address:				Date of Birth:	
City, State, Zip:				-	
Daytime Phone:		Cell Phone:		Evening Phone	:
Driver's License State	 - & Nhr·	_	Issue Date:	-	Expiration Date:
Email Address:			13346 2416.		
☐ Joint Owner	Beneficiary POD	Other			
Retirement Accounts	s Only: Primary or	Contingent Beneficiary	Relationsl	hip to owner:	
Name:				SSN or EIN:	
Address:				Date of Birth:	
				- Date of Birtin.	
City, State, Zip: Daytime Phone:		Cell Phone:		Evening Phone	
Driver's License State	. P. Nibri		Issue Date:	- Lvening Frione	
Email Address:	= & INDI.		issue Date.		Expiration Date:
Joint Owner	Beneficiary POD	Other			
_		Contingent Beneficiary	Relationsl	hip to owner:	
Name:				SSN or EIN:	
Address:				Date of Birth:	
City, State, Zip:				•	
Daytime Phone:		Cell Phone:		Evening Phone	:
Driver's License State	e & Nbr:		Issue Date:	-	Expiration Date:
Email Address:					
☐ Joint Owner	☐ Beneficiary POD	Other			
Retirement Accounts	s Only: Primary or	Contingent Beneficiary	Relationsl	hip to owner:	
Name:				SSN or EIN:	
Address:				Date of Birth:	
City, State, Zip:					
		Call Phone:		Evoning Phono	,
Daytime Phone:	. P. Nibre	Cell Phone:	Janua Deta	Evening Phone	
Driver's License State Email Address:	= & NDT:		Issue Date:		Expiration Date:
	- Popoficion: POD	□ Othor			
Joint Owner	Beneficiary POD	Other	5.1	hin to	
Ketirement Accounts	S Uniy: Primary or	Contingent Beneficiary	Kelationsi	hip to owner:	