

New Account Application



Please select the business banking accounts you'd like to open:

ROUTING NUMBER: 252070639

CHECKING ACCOUNTS

- Community Checking
- Business Checking
- Business Premier Checking

SAVINGS ACCOUNTS

- Business Savings
- Business Money Market Savings

CERTIFICATE ACCOUNTS

- | Short Term | Long Term |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> 3-Month | <input type="checkbox"/> 24-Month |
| <input type="checkbox"/> 6-Month | <input type="checkbox"/> 30-Month |
| <input type="checkbox"/> 12-Month | <input type="checkbox"/> 36-Month |
| <input type="checkbox"/> 18-Month | <input type="checkbox"/> 48-Month |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> 60-Month |

NEW ACCOUNT FUNDING

FUNDING SOURCE

Opening Amount

\$ _____

- Check
- Cash
- Wire
- Transfer from (ESB Acct. Nbr.): _____
- ACH (If selected, complete Direct ACH Debit Payment for Opening Deposit below)

DIRECT ACH DEBIT PAYMENT FOR OPENING DEPOSIT: I/We hereby authorize Eastern Savings Bank, fsb to initiate a one-time debit to my/our checking/savings account at the depository financial institution named below for the purpose of opening a deposit account with Eastern Savings Bank, fsb. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of the U.S. law.

Bank Name: _____	Bank Routing/Transit (9-digits): _____
Address: _____	Account Number: _____
City, State, Zip: _____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Amount: \$ _____	Transaction Date (on or after): _____

This authorization is in effect unless Eastern Savings Bank, fsb has received written notification of cancellation in such time and manner as to afford Eastern Savings Bank a reasonable opportunity to act on it.

Attention Applicants: Rates are subject to change at any time and are not guaranteed until the day the funds are received by Eastern Savings Bank.

In accordance with the USA Patriot Act that was signed into law on October 26, 2001, all financial institutions are required to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying information.

Business Name: _____	SSN or EIN: _____
Address: _____	
City, State, Zip: _____	NAICS #: _____
Email Address: _____	Business Phone: _____

BUSINESS TYPE

- | | | |
|--|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Select if Non-Profit | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Unincorporated Organization/Association | <input type="checkbox"/> Business Trust | <input type="checkbox"/> Limited Liability Partnership |

AUTHORIZED SIGNER(S) Photocopy of valid government issued photo ID must be submitted for all authorized signers at the time of application.

First Name: _____	Last Name: _____
Address: _____	Daytime Phone: _____
City, State, Zip: _____	Mobile Phone: _____
Email Address: _____	(Required for business online banking access)
Driver's License Number: _____	State Issued: _____
	Issue Date: _____
	Expiration Date: _____

AUTHORIZED SIGNER(S)

First Name: _____	Last Name: _____
Address: _____	Daytime Phone: _____
City, State, Zip: _____	Mobile Phone: _____
Email Address: _____	(Required for business online banking access)
Driver's License Number: _____	State Issued: _____
	Issue Date: _____
	Expiration Date: _____

BUSINESS

New Account Application



EASTERN SAVINGS BANK[®]
Established 1905

AUTHORIZED SIGNER(S)

First Name: _____ Last Name: _____
Address: _____ Daytime Phone: _____
City, State, Zip: _____ Mobile Phone: _____
Email Address: _____ (Required for business online banking access)
Driver's License State Issue Expiration
Number: _____ Issued: _____ Date: _____ Date: _____

AUTHORIZED SIGNER(S)

First Name: _____ Last Name: _____
Address: _____ Daytime Phone: _____
City, State, Zip: _____ Mobile Phone: _____
Email Address: _____ (Required for business online banking access)
Driver's License State Issue Expiration
Number: _____ Issued: _____ Date: _____ Date: _____

BUSINESS ONLINE BANKING SERVICES

Do you plan to enroll in Business Online Banking? Yes No

If yes, designate (name) who will be the Business Online Banking administrator for the business? _____

If yes, select what services you are interested in accessing: *

- Bill Pay e-Statements Mobile Banking Mobile Deposit Positive Pay Tax payments Wires
 ACH Remote Deposit

**Limited availability on some digital business banking services. Fees may apply. Credit approval may be required.*

BUSINESS BENEFICIAL OWNER(S)

Include the name(s) of any beneficial owners who own 25% or more of the business

<u>Name:</u>	<u>Percent of Ownership:</u>
_____	_____
_____	_____
_____	_____

APPLICATION SIGNATURE

Full Name (Printed):

Signature

Date:

ESB Office Use Only Account Number _____