

BUSINESS

Online Banking Enrollment Authorization



EASTERN SAVINGS BANK®

Established 1905

BUSINESS INFORMATION

Check if Amendment ☐

Business Name(s): _____

Account Number(s): _____

Signatures from all authorized signers listed on the account(s) are required to authorize the business online banking enrollment.

Online Banking Package: (select one) ☐ Base E-Package (single user only, no monthly fee) ☐ Enhanced E-Package (multi-user, monthly fee, ACH¹ is optional)
☐ Base + Basic ACH E-Package¹ (single user only, monthly fee) ☐ Premium E-Package (single or multi-user, monthly fee, & ACH¹)

ADMINISTRATOR INFORMATION (Enter the user's information who will be the online banking primary administrator for the business.)

Administrator Name: _____

Administrator Business Address: _____

Administrator Telephone Nbr: _____ (Used for authentication purposes.)

Administrator Email: _____

STANDARD SERVICE OPTIONS:

Select any standard service option you would like access to for your business.

☐ Bill Pay

☐ Mobile Banking

ADDITIONAL SERVICE OPTIONS:

Select any additional service options you are considering for your business. Additional service agreements are required, services may not be available immediately, and ongoing service fees may apply. Refer to the business fee schedule or service agreement for applicable fee details.

☐ Online Wire Access

☐ Positive Pay

☐ Online ACH Access¹

We, the undersigned, acknowledge that the above named person(s) will be the administrator for our Eastern Savings Bank Online Banking account. As the administrator, this individual will be responsible for adding and removing users, assigning access to accounts, setting user limits and entitlements (including access to Wire and ACH services), monitoring user activity, and modifying their own access.

We understand that Eastern Savings Bank shall be held harmless of any liability for the users that we choose to set up via our Business Online Banking portal. If the administrator we have chosen should no longer have online banking access, it will be our responsibility to ensure a secondary Administrator exists and/or is established prior to the removal of any existing Administrator. We understand that Eastern Savings Bank cannot edit or remove company administrators for the business online banking service. Should Eastern Savings Bank be contacted to remove a sole administrator, our Business Online Banking Account will be deleted and a new business online banking account will be required to be established.

eStatements automatically apply when enrolling in online banking.

Authorized Signer Name (Printed)	Authorized Signer Signature	Date
<input type="checkbox"/> ² By checking this box, I authorize the integration of my personal account(s) into business online banking.	Account Number(s): _____	
Authorized Signer Name (Printed)	Authorized Signer Signature	Date
<input type="checkbox"/> ² By checking this box, I authorize the integration of my personal account(s) into business online banking.	Account Number(s): _____	
Authorized Signer Name (Printed)	Authorized Signer Signature	Date
<input type="checkbox"/> ² By checking this box, I authorize the integration of my personal account(s) into business online banking.	Account Number(s): _____	
Authorized Signer Name (Printed)	Authorized Signer Signature	Date
<input type="checkbox"/> ² By checking this box, I authorize the integration of my personal account(s) into business online banking.	Account Number(s): _____	

¹An ACH Application must be completed and approved by the Bank prior to ACH Service enablement through Business Online Banking.

²Personal deposit accounts at Eastern Savings Bank can be integrated into your Business Online Banking account in a view-only setup. No activity can be initiated on the integrated account(s) from within business online banking. Any personal deposit accounts integrated into the business online banking account will be viewable to any and all business online banking administrators and any user that the administrator grants access to view the personal deposit accounts. If you wish to integrate your personal account, check the authorization box and include your account number in the space that accompanies your name and signature.

BRANCH USE ONLY	Received By: _____	Date Received: _____
OPERATIONS USE ONLY	Processed By: _____	Date Enrolled: _____
	Company ID: _____	Verified By: _____
	<input type="checkbox"/> Enable Services(s)	<input type="checkbox"/> Enable Acct(s)
	<input type="checkbox"/> Link Acct(s)	<input type="checkbox"/> Assign Price Schedule
	<input type="checkbox"/> Other Flag 30	<input type="checkbox"/> Email