

**EAST BOSTON SAVINGS BANK
BUSINESS ONLINE BANKING SERVICES ENROLLMENT FORM**

This Enrollment Form is part of the Agreement between you and the Bank regarding your use of the Banks' Online Business Banking ("EBSB BUSINESS ONLINE") service. The terms of the Agreement are incorporated herein by reference.

Authorization to Issue Passwords

At the direction of any person named below as your Company Administrator, or at the direction of any person named as your Company Administrator in the future, you hereby authorize Bank to issue Company and Company Administrator Passwords for use with EBSB BUSINESS ONLINE, as set forth in the Agreement, which Bank may amend from time to time.

Appointment of Company Administrator

You hereby appoint, and the Bank is hereby authorized to establish and issue initial passwords (which you understand will be changed upon initial access to EBSB BUSINESS ONLINE) for the following Company Administrator who will have maintenance authority over your Passwords:

Name: _____

Title: _____

Telephone: _____ E-mail: _____

**Services for Company
Choose One Package**

<input type="checkbox"/> Basic	<input type="checkbox"/> Standard	<input type="checkbox"/> Premium
	Includes all services In the Basic Package	Includes all services In the Basic and Standard Package
Bill Payment	Wire Transfer	ACH Upload
Express Transfers	ACH Payment	
Stop Payments	ACH Collections	
Loan Reporting	Loan Advance	
QuickBooks	Loan Payment	
Check Image	Book Transfers	
Standard Acct Reporting	ACH Tax Payment	

Company acknowledges and agrees that Bank shall not be obligated to process, transmit or execute any transaction(s) that would result in Company exceeding any limits and that the limits can be changed by the Bank at any time for any reason or for no reason at all.

Acknowledgment

By signing below, you acknowledge receipt of and agree to be bound by all terms of the Agreement and this Enrollment Form.

Executed this _____ day of _____, 20_____.

Company Name: _____

By: _____

Customer [Signature]: _____

Printed Name: _____

Title: _____

Telephone: _____

FOR BANK USE ONLY

("Company") has been approved

("Company") has been denied

Bank Approved Limits

Bank and Company agree to the following initial limits for Company:

Daily Limits: ACH Debit: \$ _____

Daily Limits: ACH Credit: \$ _____

Tax Payments \$ _____

Executed this _____ day of _____, 20_____.

Deposit Operation Department [Signature]: _____

Printed Name: _____

Title: _____

Telephone: _____