East Boston Savings Bank®

*-- PLEASE PROVIDE ALL REQUESTED INFORMATION –*

## *Contact Information*

Company Name: _____ Company Tax ID: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: (  ) _____ Secondary Phone Number: (  ) _____

Fax Number: (  ) _____ E-mail: _____

Administrator Name:* _____

** One person only and must be an officer of the company. Only the contact person is authorized to request password resets and perform online maintenance.*

## *Service Information:* - Please check desired services:

☐ **BASIC Package: No charge**

***Standard Features:***

- Multi-user Access
- Check Image Viewing
- Standard Transaction Reporting
- Transaction History up to 90 days
- Loan Servicing Reporting
- Unlimited Bill Payment
- Internal Transfer Capability
- Initiate Stop Payments

☐ **STANDARD Package: as low as $40.00/month** *****(This package is subject to credit underwriting approval)***

***Standard Features:***

- Multi-user Access
- Check Image Viewing
- Standard Transaction Reporting
- Transaction History up to 90 days
- Loan Servicing Reporting
- Process Loan Payments/Advances
- Unlimited Bill Payments
- Internal Transfer Capability
- Initiate Stop Payments
- Initiate Wire Transfers (wire transfer fee applies)
- Quickbooks

***Optional Features:*****

- ☐ ACH Collection**
- ☐ ACH Payment**
- ☐ ACH State and Federal Tax Payments**

☐ **PREMIUM Package: as low as $50.00/month** *****(This package is subject to credit underwriting approval)***

***Standard Features:***

- Multi-user Access
- Check Image Viewing
- Standard Transaction Reporting
- Transaction History up to 90 days
- Loan Servicing Reporting
- Process Loan Payments/Advances
- Unlimited Bill Payments
- Internal Transfer Capability
- Initiate Stop Payments
- Initiate Wire Transfers (wire transfer fee applies)
- Quickbooks

***Optional Features:*****

- ☐ ACH Collection**
- ☐ ACH Payment**
- ☐ ACH State and Federal Tax Payments**
- ☐ ACH Upload**

## *Account List:*

List all accounts which you would like access via Business Internet Banking. All applicable fees will be automatically withdrawn from the account designated as the billing account: *(Note: Loan and CD accounts can be viewed only.)*

| *Account Number* | *Account Type* | | | *View only* | | *Primary Account* | *Transfer To* | *From* |
|---|---|---|---|---|---|---|---|---|
| | Checking | Savings | MMDA | Loan | CD | (Check only one acct) | | |
| _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

☐ *Please check if bill pay should be activated*

*The service allows for multiple checking accounts to be used for bill payment.*

## *Signature:*

- ✓ I understand only the administrator will have the ability to control the access granted or "entitlements" for each user.
- ✓ I certify that I am authorized to act on behalf of all companies listed above, and I hereby request that these accounts be combined for the purpose of online banking via Business Internet Banking. Any monthly Business Internet Banking fees are to be charged to the designated billing account.
- ✓ By signing below, I acknowledge and agree to the terms of East Boston Savings Bank's Business Internet Banking agreement.

**Customer's Signature:** _____ **Date:** _____

**Printed Name:** _____ **Title:** _____

| THIS SECTION FOR BANK USE ONLY: |
|---|
| Bank Officer Signature: _____ Date: _____<br>Printed Name: _____ Branch Number: _____ |
| ***Please provide a COPY of this application to the administrator. Send the application to Deposit Operations.***<br>***A Company ID Number will be sent to the Administrator within 7 business days.*** |
| Setup By: _____ Company ID Assigned: _____ Date: _____<br>Reviewed By: _____ Approved By: _____ Date: _____ |