Eastern OfficeConnect™ eStatement Enrollment Form

By completing and signing below you are hereby requesting Eastern Bank to add the eStatement service to the OfficeConnect Customer ID noted below. You may bring this form to your local branch or fax to the Business Service Team at (781) 598-7697

Company Name: ____________________________  OfficeConnect Customer ID: ______

Company Admin Printed Name: ____________________________

Company Admin Email Address: ____________________________

Note: The Company Admin email address will be used for notification of statement availability

BY SIGNING BELOW, Customer (or Customer’s duly authorized agent, on Customer’s behalf) agrees to the terms Section T. Electronic Statements and Section U. Electronic Communications of the existing Eastern OfficeConnect Agreement and requests that Eastern Bank make the changes requested on this form to the Customer’s Eastern OfficeConnect Online Service.

Administrator Signature: ____________________________

Administrator Title: ____________________________

Today’s Date: ____________________________

For Bank Use Only: Fax to ETS 781-477-1333

Reviewed By (BST or Branch)  Date

Processed By (ETS)  Date

Reviewed by (ETS)  Date