

Eastern Treasury™ Statement Service Enrollment Form

By completing and signing below you are hereby requesting Eastern Bank to add the Statement service to the Eastern Treasury™ Company 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:		Company ID:
Company Legal Admin Printed N	lame:	
Company Legal Admin Email Ad	dress:	
Note: The Company Legal Admin ema	il address will be used	for notification of statement availability
Eastern Treasury, subsection iii. Elec	tronic Communications	authorized agent, on Customer's behalf) agrees to the terms Section I. s; Statements and Notices, of the existing Cash Management Terms and nges requested on this form to the Customer's Eastern Treasury Online
Company Name:		
Authorized Signature:		
Print Name:		
Title:		
Date:		
For Bank Use Only: Fax to ETS 7	781-477-1333	
Reviewed By (BST or Branch)	Date	
Processed By (ETS)	Date	
Reviewed by (ETS)	Date	