

EBSB BUSINESS ONLINE RESOLUTION

COMPANY NAME: _____

I, the undersigned, hereby certify to East Boston Savings Bank (the “Bank”) that I am the _____ (unless otherwise designated, Secretary or Assistant Secretary) and designated keeper of the records and minutes of the Company identified above; I have full authority to make representations set forth in these Resolutions on behalf of the Company; and that the following is a true and correct copy of Resolutions duly adopted by the Board of Directors (if a corporation), partners (if a partnership), members/managers (if a limited liability company), proprietor (if a sole proprietorship) or other governing authority of the Company at a meeting held on the _____ day of _____, 20_____, at which a quorum was present and acting throughout, or adopted by the written consent of a majority of those entitled or required to act to bind Company, and that such Resolutions are in full force and effect and have not been amended or rescinded:

1. Resolved, that the person executing the attached EBSB Business Online User Agreement and Approval Form is hereby authorized, on behalf of Company and in its name, to execute and deliver said forms, and to thereby bind the Company to such Agreement (and all other documents that are part of that Agreement), as amended from time to time, for the purpose of enabling representatives of the Company to obtain account information, perform fund transfers between Company’s account(s), originate ACH transactions and to transact other business activities or services that may delivered via East Boston Savings Bank’s EBSB Business Online Service from Company’s account(s) through the use of one or more Passwords.

2. Resolved, that the person named on the attached Approval Form as “Company Administrator” is hereby authorized to act on the Company’s behalf in all matters relative to Company’s Passwords, including but not limited to the right to (i) establish additional Password IDs on the Company’s behalf, (ii) terminate or cancel any or all existing Passwords; (iii) change the Company’s account(s) associated with Password ID, (iv) change the activity level of an account associated with any Password, (v) name additional persons who will have maintenance authority over Company’s Passwords, or terminate the authority of any person with maintenance authority over Company’s Password.

3. Resolved, that the foregoing Resolutions shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as Bank is concerned until three (3) business days after Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by Bank prior thereto; and

4. Resolved, that this authorization supplements any resolution, signature card or other document currently on file with Bank that limits authority over any specific account or over Company’s accounts with Bank. This authorization shall remain in force and effect notwithstanding any subsequent change in such specific or general account resolution, signature card or related documentation. Any notice of a termination or change with respect to the identity of the Primary Administrator or the authority of any person to use Passwords must specifically state that it relates to Passwords and must specifically describe the termination or change requested.

In Witness Whereof, and intending to bind Company, I have hereunto subscribed my name as of the

_____ day of _____, 20_____.

Signature: _____

Name: _____

Title: _____