

East Cambridge Savings Bank
Electronic Service PIN Reset Request
Online Banking (consumer and business) and
The Banking Connection

I/We am/are requesting East Cambridge Savings Bank to re-establish my/our Password/P.I.N. on the following electronic banking services: (check all that apply)

Personal Online Banking: _____ Business Online Banking _____ The Banking Connection: _____
(our automated 24-hour service)

Date of Customer Request: _____

Customer/Business Name: _____

Social Security Number (personal): _____
(primary account holder)

Tax ID Number (business): _____

Email Address: _____

Signature (1): _____ Date: _____

Signature (2): _____ Date: _____

(All account owners must sign)

Note: The primary account holder should logon to the online banking service within 72 hours of the Password reset. Upon completion of this request, the Bank will email the customer a notification message. If no email address is provided, please allow 1 business day from the receipt of this request.

For Branch Use Only:

For Customer Service Center/E-Banking Use Only:

Received By: _____

Password/PIN Re-established By: _____

Date: _____

Date: _____

Branch: _____

Signature Verified By: _____

Mail to: East Cambridge Savings Bank
292 Cambridge Street
Cambridge, MA 02141
Attn: Customer Service Center
1.866.354- ECSB (3272)