



Please complete the form in detail. Please sign in the spaces provided and return to:

State Bank

P. O. Box B

La Grange, Texas 78945

Or Fax you signed, completed application to: (979) 968-9574

Don't forget to retrieve your [NetTeller Agreement and Disclosure](#) documents from our website. You can find them by clicking on [Privacy Statement & Disclosures](#) at the bottom of our web page. Then click on Disclosures. You can also find the [Billpay Account Agreement and Disclosure](#) located here.

If you need assistance with this form or have any questions, please call our Customer Service Department at 800-879-0489.

Thank you for applying with State Bank.



STATE BANK

NetTeller Internet Banking Consumer Application

FOR BRANCH USE ONLY
Branch # _____
Taken By: _____

Are You An Existing NetTeller Customer? Yes No If Yes, Existing NetTeller ID #: _____

Primary Applicants Personal Information: <i>Signature and Security Question Required Below!</i>			
First Name:	Middle Initial:	Last Name:	Social Security #:

Optional Secondary User: <i>Signature Not Required!</i>	
First Name:	Last Name:

Mailing Address:	City:	State:	Zip Code:
Mailing Address: _____			

Home Phone #	Work Phone #	E-Mail Address

Primary / Secondary Accounts	Account #	Account Types (*)	I would like the ability to transfer in/out of this account Yes / No	Add / Delete Account	This Column for Branch Office Use Only PLRW, PLRW50, HYIA
Primary					
Secondary					

(*) Account Types: C = Checking S = Savings CD = CD L = Loans I=IRA B = Safe Deposit Box

Bill Pay:
 Yes! I, as the primary applicant along with any secondary user would like to pay my bills online from account(s) _____ for a monthly charge of \$6.95 per Bill Pay account (This charge is subject to certain account types and special promotions). This amount will be automatically withdrawn from my (our) State Bank account. The first month's fee will be waived by State Bank for your convenience! I (We) understand the recommended lead-time for electronic payments is 3 business days and check payments is 5 business days. I (We) have read the State Bank Bill Payment Agreement and Disclosure, which may be included as a part of your NetTeller Agreement and Disclosure.

No. I, as the primary applicant along with any secondary user do not wish to use the Bill Payment system through State Bank at this time.

Security Question:
 To ensure confidentiality, please answer **ONE** of the following questions. This information will be used to verify identity if you need to contact State Bank.

- What was the name of your first pet?**
- What is your favorite color?**
- The make or model of the first vehicle you learned to drive?**

I, as the primary applicant acknowledge that I have read the NetTeller Agreement and Disclosures and agree to be bound by the terms and conditions of this agreement, as it may be amended from time to time. The same holds true for the secondary user, he/she will read the NetTeller Agreement and Disclosures and also agrees to be bound by the terms and conditions of this agreement, as it may be amended from time to time.

Signature of Primary Applicant _____ Date _____

CORPERATE OFFICE USE ONLY					
Date:	ID:	PIN:	Initials:	CIF	Acct
Removal Requested by:				Date:	