



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 Commercial Application

FOR OFFICE USE ONLY

Branch \_\_\_\_\_

Initials \_\_\_\_\_

Does Your Business Have An Existing NetTeller ID? Yes  No  If Yes, Existing NetTeller ID#: \_\_\_\_\_

<b>Business Name and Tax ID:</b>	
Business Name:	Tax ID #:

<b>Physical / Mailing Address:</b>	City:	State:	Zip Code:
Physical Address:			
Mailing Address:			

Primary Phone #	Secondary Phone #	E-Mail Address:
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<b>User Name and Contact Info:</b>		
User Name:	E-Mail Address:	Work Phone #:

**NetTeller Internet Banking:**

Primary / Secondary Accounts	Account #	Account Types (*)	I would like the ability to transfer in/out of this account Yes/No	Add/Delete Account
Primary				
Secondary				

<b>This Column for Branch Office Use Only</b> PLRW, PLRW50, HYIA

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

**Bill Pay:**

- Yes!** We would like to pay our bills online from account(s) # \_\_\_\_\_ for a monthly charge of \$4.95 per Bill Pay account and .32 per item. This amount will be automatically withdrawn from our State Bank account. We understand the recommended lead-time for electronic payments is 3 business days and check payments is 5 business days. We have read the State Bank [Bill Payment Agreement and Disclosure](#), which is included as a part of the [NetTeller Agreement and Disclosure](#).
- No.** We do not wish to use the Bill Payment system through State Bank at this time.

**Security Question:**

To ensure confidentiality, please have the user answer **ONE** of the following questions. This information will be used to verify his/her identity if they 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 have read the [NetTeller Agreement and Disclosure](#) and agree to be bound by the terms and conditions of this agreement, as it may be amended from time to time.

\_\_\_\_\_  
Signature of Authorized Signer Date

CORPERATE OFFICE USE ONLY				Notes:		
Date:	ID:	PIN:	Initials:	CIF	Acct	BP
Removal of Bill Payment Requested by:				Date:		