

# I-Statement Agreement

**Complete this form and mail it to:**  
Bill Pay Plus Agreement • ATTN: Customer Service  
First State Bank • P.O. Box 577 • Clute, Texas 77531

**The following fields are required.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Account Number \_\_\_\_\_

**The following fields are optional for additional accounts you wish to include in I-Statement delivery.**

Account Number \_\_\_\_\_

Account Number \_\_\_\_\_

I elect to obtain my First State Bank account information online and request that First State Bank discontinue mailing me statements for the account number(s) indicated above. Do not send my statements for the accounts listing on the registration form via the U.S. Postal Service.

Signature \_\_\_\_\_

Date \_\_\_\_\_

200 N. Brazosport Blvd.  
Clute, Texas 77531  
979.265.2511

490 This Way  
Lake Jackson, Texas 77566  
979.299.6868

