

# Bill Pay Agreement

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

## Applicant Information

Social Security or Tax Identification Number \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

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## Account Information

Account Number \_\_\_\_\_ Type of Account  Checking  Savings

Account Number \_\_\_\_\_ Type of Account  Checking  Savings

Account Number \_\_\_\_\_ Type of Account  Checking  Savings

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## Co-Applicant Information (if applicable)

Social Security or Tax Identification Number \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

see reverse side for more information

200 N. Brazosport Blvd.  
Clute, Texas 77531  
979.265.2511

490 This Way  
Lake Jackson, Texas 77566  
979.299.6868

19323 Highway 6  
Manvel, Texas 77578  
281.489.3131



## Bill Pay Agreement, continued

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### Disclosures

You must be an owner/co-owner for all accounts in which you are requesting access.

Use of your Online Banking and Bill Pay ID and PIN is the agreed security procedure to access and use Online Banking services including Bill Pay, online transfers and bill payments. In order to prevent unauthorized access to your accounts and to prevent unauthorized use of these online services, you agree, by using online Banking or Bill Pay, to keep confidential, and to not give or make available your ID or PIN, or other means to access your online account to any person not authorized to access your accounts. If you permit any other persons or entity to use your Online account by giving them your ID, PIN, or other means to access your account, you are responsible for any transactions and activities they authorize from your accounts.

I understand that I have the ability to pay my bills and make other payments through the Bill Pay Service.

I understand with this service I can initiate and authorize payments from my designated checking account to my designated payees. I have read and understand the guidelines as set forth in the Bill Pay Disclosure.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

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