Internet Banking Application

Bank Use Only

Net Teller ID_____
Employee Initials_____
Date_____

NAME_____
First MI Last

ADDRESS_____

CITY_____**STATE**_____**ZIP**_____

SOCIAL SECURITY NUMBER_____

E-MAIL ADDRESS_____

Please furnish your account number(s) under the appropriate heading:

Checking	Savings	Money Market	Loans	CD's

I certify that the information provided is true and correct. I authorize Texas State Bank to verify any information included in this application and allow access to the accounts listed above.

I agree to Texas Bank's internet banking agreement and disclosure statement and the terms and conditions stated in the bank's website. (Links to this information are above the link to this application.)

____Yes, please activate the Bill Pay feature for my Internet Banking account.

____No, I do not wish to have access to Internet Bill Pay at this time.

_____ _____
Signature Date