



Online Bill Pay Application

--- Personal ---

www.farmersstatebank.com

Online Banking Customer	
Customer Name	
Street Address	
Mailing Address	
City, State	Zip
Daytime Phone	Evening Phone
Cell Phone	
E-mail address	

This Application is used for establishing Online Bill Pay services. Please complete all required fields and sign as indicated. Incomplete information may delay your ability to use this service.

Online Bill Pay User Agreement

By signing below, I acknowledge that I am currently an Online Customer and am aware of my responsibility to have sufficient funds available in my account on the date of the payment. I further agree that an authorized signer on the account must complete all payments and Farmers State Bank shall not be held responsible for the accuracy of payment amounts. Also, I recognize that the use of Online Banking and Bill Pay shall be governed by the terms and conditions of the Farmers State Bank Online Banking agreement. This authorization will remain in effect until revoked in writing.

Date _____

Signature

Signature(s) verified by _____
FSB Employee

Security Information
SS #
Date of Birth
Mother's Maiden Name

Please indicate below the Checking Account number that you wish to use for the Bill Pay Service.
