

## BILL PAYMENT SERVICE REQUEST

As an added security measure, Independent Bank of Texas requires a signed written request to add bill payment services to your existing Internet Banking. Please complete the following information, print and sign the form. You may fax the completed form to Customer Service, **(972) 870-9333** or mail to Customer Service, P.O. Box 167099, Irving, TX 75016. If you have any questions or need further assistance, please contact Customer Service at (972) 870-9300 or email [CustomerCare@ibankoftexas.com](mailto:CustomerCare@ibankoftexas.com).

**Date:**

**Name:**

**Address:**

**Phone Number:**

**Email Address:**

**Social Security Number:**

**Account Number:**

**Internet Banking Access ID:**

**Authorized Signature**

For Bank Use Only

| Date Received      | Received By  | Port/Line   |
|--------------------|--------------|-------------|
| Signature Verified | Processed By | Verified By |
| Comments           |              |             |
|                    |              |             |