

# Manage business debit card



Use this form to add or remove cardholders; request purchase or withdrawal limit change for existing cardholders; change PIN or request replacement card. Enter your information clearly using blue or black ink.

## 1. Business information

\_\_\_\_\_  
Name of business or organization (**Account title**)

\_\_\_\_\_  
Business account number

\_\_\_\_\_  
Name of authorized signer requesting change

\_\_\_\_\_  
Authorized signer security code (**Required**)

\_\_\_\_\_  
Authorized signer phone

\_\_\_\_\_  
Authorized signer email

## 2. Add cardholder(s)

If adding more than 4 cardholders, copy this page as needed and return with form.

Additional authorized cardholders of your Visa business debit card may not have accounts with us but they can use your account subject to the terms of the account agreement. You are responsible for all use of the Visa business debit card by additional authorized cardholders. Indicate their purchase and/or withdrawal limits if less than the standard daily limits noted below.

\_\_\_\_\_  
First name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Residential address (**No PO boxes**)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Country

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Point of sale limit with PIN  
(**Standard daily limit: \$5,000**)

\_\_\_\_\_  
Point of sale limit with signature  
(**Standard daily limit: \$5,000**)

\_\_\_\_\_  
ATM withdrawal limit  
(**Standard daily limit: \$2,020**)

\_\_\_\_\_  
First name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Residential address (**No PO boxes**)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Country

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Point of sale limit with PIN  
(**Standard daily limit: \$5,000**)

\_\_\_\_\_  
Point of sale limit with signature  
(**Standard daily limit: \$5,000**)

\_\_\_\_\_  
ATM withdrawal limit  
(**Standard daily limit: \$2,020**)

\_\_\_\_\_  
First name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Residential address (**No PO boxes**)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Country

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Point of sale limit with PIN  
(**Standard daily limit: \$5,000**)

\_\_\_\_\_  
Point of sale limit with signature  
(**Standard daily limit: \$5,000**)

\_\_\_\_\_  
ATM withdrawal limit  
(**Standard daily limit: \$2,020**)

\_\_\_\_\_  
First name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Residential address (**No PO boxes**)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Country

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Point of sale limit with PIN  
(**Standard daily limit: \$5,000**)

\_\_\_\_\_  
Point of sale limit with signature  
(**Standard daily limit: \$5,000**)

\_\_\_\_\_  
ATM withdrawal limit  
(**Standard daily limit: \$2,020**)

**3. Remove cardholder(s)**

If removing more than 4 cardholders, copy this page as needed and return with form.

First name	M.I.	Last name	Effective date
First name	M.I.	Last name	Effective date
First name	M.I.	Last name	Effective date
First name	M.I.	Last name	Effective date

**4. Request to change point of sale/ATM limit**

Request a limit change for an existing authorized cardholder (subject to approval). If changing more than 4 point of sale/ATM limits, copy this page as needed and return with form.

First name	M.I.	Last name	Point of sale limit with PIN (Standard daily limit: \$5,000)	Point of sale limit with signature (Standard daily limit: \$5,000)	ATM withdrawal (Standard daily limit: \$2,020)
			Current	Current	Current
			New	New	New
			Current	Current	Current
			New	New	New
			Current	Current	Current
			New	New	New
			Current	Current	Current
			New	New	New

**5. Change PIN**

Please indicate the existing card and 4-digit confidential PIN you wish assigned to that card.

Last 4 digits of card	4-digit PIN
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**6. Request replacement Visa business debit card**

Replacement card(s) requested for existing cardholder(s) only. Not completing this section (if applicable) could delay processing.

Name of cardholder	Name of cardholder
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If requesting a replacement card(s), please indicate the reason for this request:

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### 7. Agreements and certifications

By signing section 6, opening or otherwise using an EverBank Visa debit card, I understand and agree that EverBank, National Association ("EverBank") will rely on the veracity and completeness of the information on this form in opening or making the requested account(s) changes. I hereby certify that the information provided on this form and any accompanying documentation is true, complete, and accurate and that I will notify EverBank of any material change in such information or statements. I agree/understand and certify to EverBank that:

- I have read and agree to be bound by the terms and conditions of the account as set forth in the Business and Non-Personal Account Terms, Disclosures and Agreements Booklet, the Deposit Account Fee Schedule, and any other disclosures or addenda related to the accounts or services I have requested on this form, and to which I give my consent to EverBank opening and/or providing, each of which may be amended from time to time.

### 8. Signature

The undersigned agrees that we, EverBank, in our sole discretion, may accept documents that you have signed and sent to us by electronic means, like fax, email, or other file transmittal processes we might offer. By sending us any such document by electronic means, the undersigned agrees that we may rely on it and on the signature, and that the document is binding on the signer even if the original signed document is not delivered to us.

 \_\_\_\_\_ Date \_\_\_\_\_  
 Authorized signer

### 9. Submit

The form-approving authorized signer can submit the completed form to us through BOB using their specific login credential by selecting the **Administration** tab, then **Communications**, then **Contact Us** and add the attachment(s). Alternatively, we require an authorized signer with a security code to call us at 1.855.563.3177 so we can set up secure delivery of your form via encrypted email. We're available weekdays from 8 a.m.–5 p.m. (ET).

**For bank use only:** \_\_\_\_\_  
 Verify client Date verified FC number Associate name (Print first & last name)