

# Manage overdraft protection



Use this form to add or cancel Overdraft Protection Service for your business account(s). 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 overdraft protection

Terms and conditions apply. Please see the Overdraft Protection Service section of your Business and Non-Personal Account Terms, Disclosures and Agreements Booklet.

### Add Business Checking, Money Market Overdraft Protection<sup>1</sup>

\_\_\_\_\_  
Business Checking, Money Market Account number (**The "Source Account"**)

Linked to: \_\_\_\_\_  
Business Checking Account number

## 3. Cancel overdraft protection

### Cancel Checking or Money Market Overdraft Protection

\_\_\_\_\_  
Business Checking or Money Market number (**The "Source Account"**)

1. Business Checking or Money Market Overdraft Protection links the Business Checking Account(s) named above to your Business Checking or Money Market account (the "Source Account"). Transfers from your Source Account will fund overdrafts on your Business Checking Account.


### 4. EverBank agreements

By signing this form, you are providing your consent to EverBank, National Association ("EverBank") to (1) open and/or provide the account(s) or service(s) requested above or (2) make the requested changes to your account(s) as provided above. By requesting or using EverBank's Overdraft Protection Service, you acknowledge, accept and agree to be bound by all of the terms and conditions of your Business and Non-Personal Account Terms, Disclosures and Agreements Booklet, including the Overdraft Protection Service terms, both of which may be amended from time to time.

The business, and each person who signs this Application, certifies that the information provided in the Application and any accompanying documentation, and any other information provided to EverBank in any format, including, without limitation, oral statements, is true, complete and accurate, and that EverBank will rely on such information. The business, and each person who signs the Application or other documentation, agrees to promptly notify EverBank of any material changes to such information and to provide EverBank with additional information requested by EverBank, from time to time, in its discretion.

### 5. 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.

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

### 6. 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)