

Manage overdraft protection



Use this form to add or cancel Overdraft Protection Service for your personal account(s). Enter your information clearly using blue or black ink.

1. Your information

Name of primary account holder

Security code (If left blank, your request could be delayed)

Address

City

State

ZIP

Phone

Email

2. Add overdraft protection

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

☐ **Add Checking, Money Market or Savings Overdraft Protection¹**

Checking, Money Market or Savings Account number (the "Source Account")

Linked to: _____
Checking Account number

3. Cancel overdraft protection

☐ **Cancel Checking, Money Market or Savings Account Overdraft Protection**

Checking, Money Market or Savings Account number (the "Source Account")

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

4. Signature[s]

All account holders must sign below.

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 Personal Account Terms, Disclosures and Agreements Booklet, including the Overdraft Protection Service terms, both of which may be amended from time to time.

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.

	_____	_____
	Primary account holder	Date
	_____	_____
	Secondary account holder	Date
	_____	_____
	Third account holder	Date
	_____	_____
	Fourth account holder	Date

5. Submit

Upload this form and any additional documentation so that we can move forward in the quickest and most secure way. Simply log in to your account at everbank.com and:

- Select the **Actions** tab
- In the TIAA Documents section, select **Upload documents**
- Select **Files** you would like to upload
- Select **Folder** to upload files to and follow directions

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