

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.

 _____ Date _____
 Primary account holder

_____ Date _____
 Secondary account holder

_____ Date _____
 Third account holder

_____ Date _____
 Fourth account holder

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:

- Navigate to the Document Center
- Select the Document Upload tab
- Select the files you would like to upload
- Review and accept the Terms and Conditions before uploading documents

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