

Official Check request



Use this form to request an Official Check. Enter your information clearly using blue or black ink.

1. Your information

The purchase of an Indemnity/Surety Bond will be required if you ask the bank to replace or refund this check within 90 days of issuance, regardless of the reason. If an Official Check is lost or stolen, a stop-payment order CANNOT be placed on such Official Check

Account holder or Authorized signer _____ Security code _____

Account number **(Funds will be debited from this account)** _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Email _____

2. Check information

Payable to **(Check cannot be made payable to cash)** _____ Check amount _____

Memo **(Optional)** _____

3. Mailing information

Official Check will be mailed to the address of record unless otherwise noted.

Name _____

Address _____ City _____ State _____ ZIP _____

Send check: **Regular mail**
 Overnight delivery. An additional fee for overnight delivery will be charged to your account.
Note: The cut-off time for processing an overnight delivery is 3 p.m. (ET).

4. Signature

The undersigned agrees that we, EverBank, National Association ("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 _____
Account holder or Authorized signer

