

External transfer request



Use this form to set up, change, or cancel an external transfer from your EverBank account to your account at another institution (an "External Transfer"). This form is not to be used for wire transfer requests¹ or requests to close your account.² Enter your information clearly using blue or black ink. Once you've completed the form, please keep a copy for your records.

1. Sending institution: EverBank

Name of account holder		Security code (Required)	
Account number (External transfer is not available for IRA accounts)			
Address	City	State	ZIP
Home phone	Email		

2. Set up, change, or cancel an external transfer

Set up a new transfer request Change an existing transfer request Cancel an existing transfer request³

Fixed amount⁴: _____

Frequency⁵: One-time only Weekly⁶ Monthly⁷ Quarterly⁸ Annually⁹

Monthly interest¹⁰ earned from a:

Checking Account Savings Account Money Market Account Certificate of Deposit Account

Start: As soon as possible Future date: _____

End: When notified by account holder Specific date: _____

3. Receiving institution

The account holder listed in Section 1 above must also be an account holder or authorized signer on the receiving account.

Name of account holder		Account number	
ABA routing number			
Account type: <input type="radio"/> Checking <input type="radio"/> Savings			
Institution name			
Institution address	City	State	ZIP

1. A separate form to request a wire transfer can be found at everbank.com/forms.
2. Do not use this form to close your account. A written request to close an account is still required.
3. Requests to cancel a preauthorized transfer must be received at least 3 business days prior to the scheduled transfer date.
4. In the event there are insufficient funds in the account to make the transfer, please see your Account Terms, Disclosures and Agreements Booklet.
5. If a scheduled transfer is not on a Business Day then the transfer will be made on the next Business Day.
6. A weekly transfer will be made on the same day of each week following the selected start date.
7. A monthly transfer will be made on the same day of each month following the selected start date.
8. A quarterly transfer will be made on the same day every three months following the selected start date.
9. An annual transfer will be made on the anniversary of the selected start date.
10. Interest must be transferred when it posts, which is monthly or at maturity date. There is no fee for this transfer. The amount transferred each month will be the total amount of interest earned and credited to the account indicated above, as calculated per the terms and conditions described in your Account Terms, Disclosures and Agreements Booklet.

4. Signature

By submitting this form, you certify that you are entitled to direct the payment identified above and authorize the payment to be sent to the financial institution's account named above. By submitting this form, you also agree that the transactions requested above are subject to the terms of your Account Terms, Disclosures and Agreements Booklet, including, but not limited to the Electronic Fund Transfer Disclosures and Agreement, as applicable, and agree to be bound by such terms.

You are responsible for providing the correct receiving institution's ABA and account numbers. Incorrect information will result in a voided request. External transfers are not available for IRA accounts. For your protection, initiation and cancellation of an External Transfer is required in writing. Allow a minimum of two weeks to initiate an External Transfer Request submitted on this form.

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 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.



Account holder (Or Authorized signer, as applicable)

Date

5. Submit

The type of account you have with us will determine how you return the form so be sure to choose the appropriate option. As noted above, keep a copy of this completed form for your records.

Personal account

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 Center tab
- Select Files you would like to upload
- Review and accept the Terms and Conditions before uploading documents

Business account

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, call us at 1.866.371.3831 so we can set up secure delivery of your form via encrypted email.

For bank use only:

Verify client

Date verified

FC number

Associate name (Print first & last name)