

Change business contact information



Use this form to change the street address, mailing address, phone number or web address on your business account. 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. Change contact information

We require proof to verify all business change of address requests. Submit a copy of 1 of the following with your new address: utility bill, insurance bill, lease agreement, or property tax statement.

Note: Business street address must be the physical location of the business, must be in the U.S. or territories only and cannot be a PO Box.

New business street address (No PO boxes)	City	State	Country	ZIP
New mailing address (If different from above)	City	State	Country	ZIP
Business phone	Business web address	Business email		

3. 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.

 _____
Authorized signer _____ Date _____

4. 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**) _____

