

Overdraft Authorization Manual Form



First Horizon Bank
Attn: Account Services- OPT IN/OUT
PO Box 84
Memphis, TN 38101-0084

Effective within 5 business days:

_____ I want First Horizon Bank to authorize and pay overdrafts on my ATM and everyday debit card transactions.

_____ I do not want First Horizon Bank to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Please print neatly:

Checking account number: _____

Your name: _____

Address: _____

City: _____ St: ____ Zip: _____

Day phone: _____

Signature: _____

Date: _____

If you have more than one First Horizon Bank checking account, a separate form is required for each, and you may choose different options for each.

If there are multiple owners of this account, any owner may complete, sign and return this form.