OVER-THE-CREDIT LIMIT COVERAGE CONSENT

YOUR RIGHT TO REQUEST OVER-THE-CREDIT LIMIT COVERAGE

Unless you tell us otherwise, we will decline any transaction that causes you to go over your credit limit. If you want us to authorize these transactions, you can request over-the-credit limit coverage. If you have over-the-credit limit coverage and you go over your credit limit, we will charge you a fee of up to $ 10.00. You will only pay one fee per billing cycle, even if you go over your limit multiple times in the same cycle. Even if you request over-the-credit limit coverage, in some cases we may still decline a transaction that would cause you to go over your limit, such as if you are past due or significantly over your credit limit. If you want over-the-credit coverage and allow us to authorize transactions that go over your credit limit, please:

• Call us at 831-540-4627; or Check or initial the box below, and return the entire document to us at:
allU.S. Credit Union 20 W Market St. Salinas, CA 93901

CONSENT FORM FOR OVER-THE-CREDIT LIMIT TRANSACTIONS

ADD COVERAGE

☐ I want over-the-limit coverage. I understand that if I go over my credit limit, I will be charged a fee of up to $ 10.00. I have the right to cancel this coverage at any time.

REMOVE COVERAGE

☐ I do not want over-the-limit coverage. I understand that transactions that exceed my credit limit will not be authorized.

Name(s) on Account: _____

Member No: _____

Credit Card Account No: _____

AUTHORIZATION

If there are multiple owners on the Credit Card account, either account owner can act on behalf of all owners on this account. Only one (1) account owner signature is needed to add or remove the over-the-credit limit coverage. By signing below, you agree to the terms of the over-the-credit limit coverage. If you selected "Add Coverage," you authorize the Credit Union to accept transactions that exceed your credit limit. You understand that if you go over your credit limit, you will be charged a fee. If you selected "Remove Coverage," you understand that the Credit Union may deny any credit card transactions that go over your credit limit. You further understand that this coverage will not go into affect or be removed, based on your selection above, until the Credit Union receives this Consent document from you.

X _____

MEMBER/OWNER SIGNATURE DATE

X _____

JOINT OWNER SIGNATURE DATE

CREDIT UNION COVERAGE ACKNOWLEDGMENT

X _____

SIGNATURE OF CREDIT UNION EMPLOYEE: EFFECTIVE DATE:

Coverage removed: Coverage added