



OVER-THE-CREDIT LIMIT COVERAGE CONSENT

YOUR RIGHT TO REQUEST OVER-THE-CREDIT LIMIT COVERAGE

ACTION REQUIRED -- if you wish us to authorize your credit card transactions that will cause you to go over your credit limit.

For example, at a restaurant or merchant you may prefer us to authorize your transaction rather than decline it when it would force you over your credit limit.

Unless you tell us otherwise, we must decline transactions that cause you to go over your credit limit – as a result of recent changes in the law.

If you authorize us, and you go over your credit limit, we will charge you a fee of \$25 on balances of \$500 or less; \$35 on balances greater than \$500. You will only pay one fee per billing cycle, even if you go over your limit multiple times in the same cycle. We may also charge you two additional fees if your balance remains over your credit limit as of the payment due date in future billing cycles.

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 us to authorize transactions that go over your credit limit, please:

- Call us at 800.992.8472;
- Complete, sign and return the lower portion of this notice with with your credit card payment or mail it to:
GE Credit Union, 265 Sub Way, Milford, CT 06461.
- Go to myGECreditUnion.com for information about notifying us by email.

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 \$25 on balances of \$500 or less; \$35 on balances greater than \$500. 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 (Print): _____

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 the 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

DATE

EFFECTIVE DATE

- Coverage added
- Coverage removed