

Over-The-Credit Limit Coverage Consent

GPO Federal Credit Union

4311 Middle Settlement Road, New Hartford, NY 13413

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 \$25.00

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-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 (315) 724-1654 or visit our website at www.gpofcu.com or check or initial the box below and return this entire document to us at the address above.

Consent Form For Over-the-Credit Limit Transactions

Add Coverage I want over-the-credit limit coverage. I understand that if I go over my credit limit, I will be charged a fee of \$25. I have the right to cancel this coverage at any time.

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

Account-holder Name: _____

Member Number: _____ Credit Card Account Number: _____

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 GPO FCU 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 GPO FCU 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 GPO receives this consent document from you.

X _____ / /
Member/Owner Signature Date

X _____ / /
Joint Owner Signature Date

GPO Coverage Acknowledgment

X _____ / /
GPO FCU Employee Signature Effective Date

- Coverage added
- Coverage Removed

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Form should be sent to the Loan Department for processing