

DEMOCRACY FEDERAL CREDIT UNION

400 N. Columbus Street
 Alexandria, VA 22314
 Phone: (202) 488-5400
 E-Mail: lending@democracyfcu.org
 http://www.democracyfcu.org

**Credit Card Over-the-Credit-Limit
 Consent for Coverage**

Consent Form for Over-the-Credit Limit Transactions

Your choice regarding 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.

You will only be charged one fee per billing cycle, even if you go over your credit 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-limit coverage and to allow us to authorize transactions that go over your credit limit, please select one of the options below, sign and date the form and return it to the address below.

Democracy Federal Credit Union
 400 N. Columbus Street
 Alexandria, VA 22314

Please note, your signature and all information must be completed or your request will not be processed. Failure to complete the form and selecting "Yes – I want Over-the-Credit-Limit coverage" will result in transactions being declined that exceed your credit limit.

AUTHORIZATION (You must check one of the boxes below and sign)

ADD COVERAGE

Yes – I want Over-the-Credit-Limit coverage. By requesting this coverage, I understand that transactions that exceed my credit limit will be authorized at the time of purchase and I will be charged up to \$25.00. I have the right to cancel this coverage at any time.

REMOVE/DECLINE COVERAGE

No – I DO NOT want Over-the-Credit-Limit coverage. By requesting this, I understand that transactions that exceed my credit limit will be declined.

Name(s) on Account _____

Credit Card Account Number (Last 4 Digits)

XXXX-XXXX-XXXX-_____

Member Number _____

Primary Account Owner Signature

Date

Joint Account Owner Signature

Date

X

X

FOR CREDIT UNION USE – Confirmation of Request Received for Over-the-Credit Limit Coverage

Date Received ____ / ____ / ____ CU Representative _____

Date Delivered to Member: ____ / ____ / ____

Method of Delivery, check one of the boxes below:

In Person Mail E-Mail Phone (# called: _____) Coverage Accepted Coverage Removed