

**VISA OPT-IN REQUEST FOR OVER-THE-CREDIT LIMIT COVERAGE and CONFIRMATION FORM
WITH OPTION TO CANCEL / OPT-OUT**

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.

If you have over-the-credit limit coverage and you go over your credit limit, we will charge you a fee of \$25.00 and may increase your APRs to the Penalty APR of 16.99%. 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. (See your Account Agreement for details.) If you want over-the-limit coverage and to allow us to authorize transactions that go over your credit limit, please:

Christian Financial Credit Union - Attn: Card Services
18441 Utica Rd.
Roseville, MI 48066

Check the box below, and return the form to us at the above address. **Please note, your signature and all information must be completed or your request will not be processed.**

To expedite your request, you may fax your request directly to 586.498.7030

I want over-the-limit coverage. I understand that if I go over my credit limit, I will be charged a fee of \$25.00 and my APRs may be increased if my account is over my credit limit for 60 days or more. I have the right to cancel this coverage at any time.

ALL information below is required and must be completed before processing.

Printed Name: _____ CFCU Account #: _____

Signature _____ Date _____

**We will notify you upon processing your request.
Please select your preference of receiving your confirmation:**

Mail / E-Mail / [U@Home](#) Message / Telephone (Best number to call: (_____) - _____ - _____)

Please provide your e-mail address: _____@_____

You have the right to Opt-Out of over-the-credit limit coverage at anytime. To remove over-the-credit-limit coverage from your account, call us at 1-772-6330 or you can check the box below, sign, date and return this form to us at the address above. Or, you may fax your request directly to 586.498.7030

I want to Opt-Out / Cancel over-the-limit coverage for my account.

Signature: _____ Date: ____/____/____

FOR CREDIT UNION USE – Confirmation of Request Received to Opt-In for Over-The-Credit Limit Coverage

Date Received ____ / ____ / ____ CU Representative _____

Date Delivered to Member: ____/____/____ Method of Delivery, circle one below:

In Person / Mail / E-Mail / [U@Home](#) Message / Phone (# called: _____ - _____ - _____)