



BELL CREDIT UNION
 1601 N. Lorraine Street
 Hutchinson, KS 67501
 620-662-0731
 800-207-2062
 Fax: 620-662-0769
 www.bellcu.com

**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 \$ 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: 620-662-0731;
- Visit our Web site: www.bellcu.com; or
- Check or initial the box below, and return the entire document to us at the address above.

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 \$ 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 (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.

 MEMBER/OWNER SIGNATURE DATE

 JOINT OWNER SIGNATURE DATE

CREDIT UNION COVERAGE ACKNOWLEDGMENT

 SIGNATURE OF CREDIT UNION EMPLOYEE

Effective Date _____
 Coverage added
 Coverage removed