Pinellas FEDERAL CREDIT UNION

Member Account Number: _____

Member Name: _____

Consent for Optional Over-the-Credit-Limit Transaction Coverage

Due to recent Federal Government changes enacted by the Credit Card Accountability Responsibility and Disclosure Act of 2009 (Credit Card Act), we are required to decline any transaction(s) which exceeds your credit card limit – regardless of the amount – unless you have elected to "opt-in" for Over-the-Credit-Limit Transaction Coverage.
If you elect this coverage, we will authorize most transactions that cause you to go over your credit limit up to a certain amount. However, we may charge you a fee if your outstanding balance is over your credit limit on the statement closing date. In some cases, we may still decline a transaction that would cause you to go over your credit limit, such as if you are past due or significantly over your credit limit.

You may "opt-in" or "opt-out" for Over-the-Credit-Limit Transaction Coverage at any time by:

- Calling a Member Service Representative at: 727-586-4422.
- Visiting your nearest PFCU branch.
- Completing the Consent for Optional Over-the-Credit-Limit Transaction Coverage form in the Tools and Resources section of our website at www.pinellasfcu.org.

Please select one of the options below, and sign and date this form. We are required to receive your response – regardless of your election (even if you are an existing member who has previously used Over-the-Limit Transaction Coverage). *Failure to "opt-in" by the regulatory deadline, will result in transactions being declined that exceed your credit limit.*

☐ **Yes** – I would like to **"opt-in"** for Over-the-Credit-Limit Transaction Coverage. By requesting this coverage, I understand that transactions that exceed my credit limit, up to a certain amount, will be authorized at the time of purchase and I may be charged an over-the-transaction-limit fee for exceeding my credit limit.

☐ **No** – I would like to **"opt-out"** for the Over-the-Credit-Limit Transaction Coverage. By requesting this, I understand that transactions that exceed my credit limit will be declined.

_____   _____

Member Signature   Date