



Affidavit of Card Transactions over Daily Limit

Name: _____

Home Phone: _____ Cell: _____ Work: _____

Card Number: _____ Expiration Date: _____

1. I have been advised and I fully understand that:

I have requested certain monetary transactions on my Alive Credit Union ® (ACU) account which exceed the safety parameters and limits ACU utilize to protect its members' funds. The only way for my request to be granted is for ACU to release these parameters set as safeguards for my protection. At my specific request, Alive Credit Union® is releasing the parameters set on my Visa Debit/ATM Card so that I may perform the requested transaction of \$_____ at the following merchant(s) _____

2. I am advised and I hereby acknowledge that:

I will indemnify and hold ACU harmless from any loss incurred as a result of removing these safety parameters from my account and agree to not hold the Credit Union responsible for any loss of my funds during the suspension of these safety parameters.

3. I request and understand that:

The said safety parameters are to be suspended on ____/____/____ and are scheduled to be reinstated on ____/____/____.

4. I am requesting my limit be raised on (Please check one):

Pin/ATM Transaction_____ Signature/Online Transaction_____

Signature

Date

Account #

For Credit Union Use:

Taken By _____ Date _____ Changed By _____ Date _____