



CREDIT  UNION

OE Federal Switch-Kit

Making the switch easy!

Congratulations on choosing OE Federal Credit Union! Our goal is to make your transition as smooth as possible. Our Online Switch-Kit contains all the resources you need to close your accounts elsewhere, establish direct deposit with us, as well as any automatic transactions. You can make the switch in **3 easy steps**:

1 Open an OE Federal Savings Account. Want to get all the great benefits OE Federal provides? If you or a family member belong to an eligible union group, simply fill out a **Membership Application** and return to us with a copy of a valid picture ID for each member on the account and a check for at least \$5/Member on the account. Once your Membership has been established, you are eligible to apply for additional services such as deposit accounts, loans, etc.

2 Close Your Other Account(s). Print and complete the **Close Account Form**. Make sure to leave your old accounts active long enough to allow outstanding checks and automatic withdrawals to clear, and leave enough money in place to cover these transactions (this may take several weeks). Once you've confirmed that your old accounts are inactive, you can ask your previous financial institution to send you the balance from that account. (Please remember to destroy your old checks, ATM/Debit cards and deposit slips!).

3 Transition Your Automatic Transactions. Use the **Direct Deposit Authorization form** to set up deposit of paychecks, retirement and pension checks, or Social Security checks directly to your OE Federal Account. Use the **Change Automatic Withdrawal form** to notify anyone who makes automatic withdrawals from your account, such as mortgage companies, insurance providers, utility, phone or cable companies. Use our helpful Switch List to quickly identify all vendors who currently have access to your account(s).

Once you've completed all the necessary switch-kit forms, mail them to us at this address:

OE Federal Credit Union

P.O. Box 5073

Livermore, CA 94551

You're done! Welcome to OE Federal, offering your family the personal service of a small Credit Union, with the convenience of a large establishment.

Have questions? We'd be happy to help! Please contact us at (800) 877-4444.

P.O. Box 5073
Livermore, CA 94551

www.oefcu.org

(925) 454-4000

(800) 877-4444





Application for Membership

Fill out this application complete and send to:
Mailing Address: PO Box 5073, Livermore, CA 94551
Fax Number: 925-454-4004

Please include photocopies for all identification used on this application.

New Membership Updated Membership

Member Number: _____

USA PATRIOT ACT NOTICE: To help the government fight funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.

Primary Member (PLEASE PRINT – All items must be completed)

First Name _____ Middle Initial _____ Last Name _____ Suffix _____

SSN/Tax ID _____ Date of Birth _____ Mother's Maiden Name _____

Photo ID Type _____ ID Number _____ Issuing State/Country _____ Issue Date _____ Exp. Date _____

Occupation _____ Employer Self-Employed

Physical Address _____ City _____ State _____ ZIP _____

Mailing Address _____ City _____ State _____ ZIP _____

Home Phone Best Contact # _____ Cell Phone Best Contact # _____ Email Address _____

Membership Eligibility (I am eligible for membership based on the following)

Union and Local Number: _____ Union ID: _____

I am related to: _____ Relationship: _____ Phone Number: _____

Accounts to Open (Check all that apply)

Primary Savings \$ _____ Money Market \$ _____ Checking \$ _____

Misc. Savings \$ _____ Share Certificate \$ _____ Term: _____ months

Checking Overdraft Protection (Complete only if opening a checking account)

Instructions: Indicate the number of the account(s) you wish to debit in the event of an overdraft. Transfers are made in increments of \$50 up to the available balance, with an associated fee of \$3 per transfer. Transfers made from a Visa account are considered cash advances and accrue interest from the date the transaction posts. If an overdraft option is not selected, checks may automatically be returned. Overdrafts are to be covered by transferring funds from:

Primary Savings Money Market Checking I do not want Overdraft Protection at this time

Joint Owner (PLEASE PRINT – All items must be completed)

First Name	Middle Initial	Last Name	Suffix	
SSN/Tax ID	Date of Birth	Mother's Maiden Name		
Photo ID Type	ID Number	Issuing State/Country	Issue Date	Exp. Date
Occupation		Employer <input type="checkbox"/> Self-Employed		
Physical Address	City	State	ZIP	
Mailing Address	City	State	ZIP	
Home Phone <input type="checkbox"/> Best Contact #	Cell Phone <input type="checkbox"/> Best Contact #	Email Address		

Joint Owner (PLEASE PRINT – All items must be completed)

First Name	Middle Initial	Last Name	Suffix	
SSN/Tax ID	Date of Birth	Mother's Maiden Name		
Photo ID Type	ID Number	Issuing State/Country	Issue Date	Exp. Date
Occupation		Employer <input type="checkbox"/> Self-Employed		
Physical Address	City	State	ZIP	
Mailing Address	City	State	ZIP	
Home Phone <input type="checkbox"/> Best Contact #	Cell Phone <input type="checkbox"/> Best Contact #	Email Address		

Pay-On-Death Beneficiaries (PLEASE PRINT)

Instructions: Upon the death of the last surviving owner of the account(s) covered by this application, funds will be payable to the individual(s) named below at the percentage designated. If no percentages are shown, distribution will default to equal division. Percentages must equal 100%.

%	First and Last Name	Address (Street, City, State, ZIP)	SSN/Tax ID	Date of Birth
%	First and Last Name	Address (Street, City, State, ZIP)	SSN/Tax ID	Date of Birth

Check here if additional beneficiaries are listed on an attached addendum. Total number of addendums attached to this membership: _____

Membership Application and Agreement

General Membership Agreement

By completing this application, the undersigned requests new or updated membership in OE Federal Credit Union. I/we agree that this membership shall be my/our master account. I/we authorize the opening of any requested accounts and have provided the minimum required deposit(s) for each. I/we agree to abide by the laws and bylaws in all dealings with OE Federal Credit Union. The information contained in this application is true and complete. You are authorized to check my/our credit history, including verification of information in this application through the use of consumer reporting agencies. I/we acknowledge receipt of and agree that all of my/our OE Federal Credit Union accounts will be subject to the Account/Truth in Savings Disclosure and Fee Schedule as amended from time to time. I/we understand and agree that all sub-accounts opened under this agreement will be established with the same ownership and beneficiaries as stated on this application. I/we agree that should I/we request to establish a different ownership and/or beneficiaries, I/we understand that I/we must establish a new master account and sign a new master agreement and documents.

International Transactions

I anticipate that I will be conducting transactions outside of the US through this membership.

Authorization to Contact Member

I/we authorize OE Federal Credit Union to call or send a SMS (text) message to me/us at any number I/we provide or at any number at which OE Federal Credit Union reasonably believes they can contact me/us, including calls to cellular, or similar devices, and including calls using automated telephone dialing systems and/or prerecorded messages, for any lawful purpose. Numbers I/we provide include numbers I/we give OE Federal Credit Union and/or numbers from which I/we call OE Federal Credit Union.

Backup Withholding Statement

By signing below, I/we certify under penalty of perjury that my Taxpayer ID/Social Security Number provided in this application is correct and that (check one):

I/we **are not** subject to backup withholding because: (a) you are exempt from backup withholding, or (b) you have not been notified by the IRS that you are subject to backup withholding, or (c) the IRS has notified you that you are no longer subject to backup withholding.

I/we **are** subject to backup withholding because I/we have failed to report all interest or dividends on my/our tax return. I/we also certify that I/we am/are a U.S. person (includes U.S. resident alien). The IRS does not require my consent to any provisions of the application other than the certification to avoid backup withholding.

Authorization to Fund from an Existing Account

Transfer \$ _____ from Membership # _____, account # _____ for the opening deposit(s).

X

Primary Member Signature Date

X

Joint Owner (1) Signature Date

X

Joint Owner (2) Signature Date

Credit Union Use Only

Processed by: _____ Processing Date: _____ Audited by: _____ Audit Date: _____
Funded by: Check Cash Account Transfer Cash Advance
Primary Member OFAC eFunds Existing Member Credit Union Employee Minor
Joint Owner OFAC eFunds Existing Member Credit Union Employee
Joint Owner OFAC eFunds Existing Member Credit Union Employee
Beneficiary OFAC Existing Member
Beneficiary OFAC Existing Member

An overdraft occurs when you don't have enough money in your account to cover a transaction, but we pay it anyway.

You have two options:

**Keep your current options:
Bill payments and checks**

This option comes with your account. We generally let your online bill payments and checks go through and decline your debit card transactions and ATM withdrawals.

Or switch to: All transactions

If you switch to this option, we may also authorize ATM withdrawals and debit card transactions that overdraw your account. If we do, we'll charge an overdraft fee.

ATM overdraft fee

No fee

\$25

Debit card overdraft fee

No fee

\$25

Online bill payment overdraft fee

\$25

\$25

Check overdraft fee

\$25

\$25

Maximum number of fees

There is **no limit** to the number of fees we can charge you for overdrawing your account.

There is **no limit** to the number of fees we can charge you for overdrawing your account.

Compare options with these examples

Example: You plan to spend \$25 at the store using your debit card.

Example: You plan to spend \$25 at the store using your debit card.

Your account has	\$10
Your transaction is declined because there's not enough money in your account	-\$0
Overdraft fees	-\$0
You still have	\$10

Your account has	\$10
Your transaction is approved even though there is not enough money in your account	-\$25
Overdraft fees	-\$25
You now have	-\$40



Link an account to lower your fees. You can link this account to a savings account or credit card. We will use the money from the linked account to pay transactions that overdraw your account.



For more information about your options, call OE Federal Credit Union at (800) 877-4444 or visit oefcu.org. For tools to help you make your overdraft decision, visit consumerfinance.gov/overdraft.

To change your overdraft options, call (800) 877-4444 or complete this form and return it to any branch or mail it to:

OE Federal Credit Union • PO Box 5073 • Livermore, CA 94551

Switch to no transactions

I understand that OE Federal Credit Union will reject all transactions that would overdraw my account. I will be charged a Non-Sufficient Funds Fee (NSF) for each declined check or bill payment.

To keep your current option:

There is nothing you need to do. You will not pay overdraft fees on ATM withdrawals or debit card transactions.

Switch to all transactions option

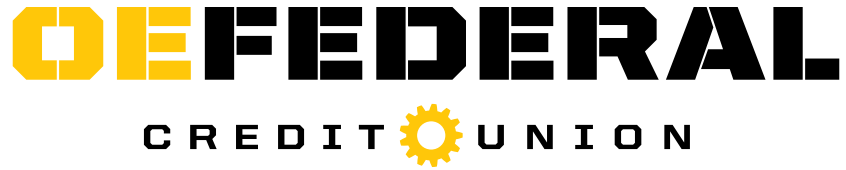
I understand that OE Federal Credit Union may authorize any transaction even if it overdraws my account. I will be charged \$25 for each overdraft.

Signature: _____

Printed Name: _____

Date: _____

Member Number: _____



Close Account Form

Please complete and return to financial institution you are leaving

Date

Financial institution you are leaving

Financial institution's address

City, State, Zip

To whom it may concern,
Please close my account _____ (account number), and send a check for the remaining balance to me at the address listed below.

If you have any questions about this request, please contact me during the DAY/EVENING (circle one) at (_____) (phone number).

Thank you.

Sincerely,

Signature

Co-Signer Signature

Name (Please Print)

Co-Signer Name (Please Print)

Address

City, State, Zip



Direct Deposit Authorization Form

Please complete and return to your employer

Name:	Social Security Number:
Employer Address:	
Employer Name:	Employer Phone:

Depository Financial Institution: OE Federal Credit Union
P.O. Box 5073
Livermore, CA 94551
(800) 877-4444
OE Federal's Routing/Transit Number: 32117626-0

Deposit Instructions

Please mark Checking or Savings for the deposit of your funds. Not all employers offer direct deposit. Some employers may require you to complete a different form.

CHECKING SAVINGS

OE Federal Credit Union Member Number: _____

If you want direct deposit to your OE Federal checking account, please attach a voided check to this form.

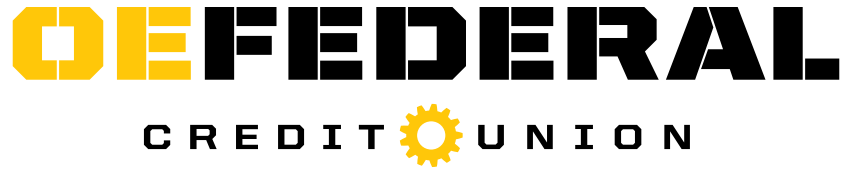
* As outlined in the rules that govern ACH processing, OE Federal will honor all debits and credits to your account that are presented with the correct routing number and member number.

Authorization

I hereby agree that:

- My employer and my employer's financial institution can initiate credit entries or debit entries to my designated OE Federal account as necessary to directly deposit my net pay or to correct any erroneous credit entries. Erroneous credits may be reversed by debit entry without advance notice to me, although I will be notified by my employer after the fact if an erroneous credit is reversed. I must restore any negative balance in any OE Federal account that results from reversal of an erroneous credit.
- OE Federal may credit and/or debit entries initiated by my employer and my employer's financial institution to my designated OE Federal account.
- This authorization will supersede any previous requests for my direct deposit and remain in full force and effect until I submit to my employer a written notice of change or cancellation. Any change or cancellation must be provided in a time and manner that affords my employer and OE Federal a reasonable opportunity to act on it.
- I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Signature: _____ Date: _____



Change Automatic Withdrawal Form

Please complete and return to company that makes automatic withdrawal

Date

Name of company that makes automatic withdrawal

Address

City, State, Zip

To whom it may concern,

You are currently withdrawing \$ _____ for my _____ (what payment is for).

My customer # (or other identifying #) for the above withdrawal is _____ and
withdrawals are made _____ (when) from the following account:

Previous financial institution: _____

Routing/Transit number: _____

Account Number: _____

Please discontinue transactions from the financial institution above and transition to:

Financial institution name: OE Federal Credit Union

Routing/Transit number: 32117626-0

Member account number: _____

If you have any questions about this request, please contact me during the DAY/EVENING (circle one) at
_____ (phone number).

Thank you,

Sincerely,

Signature

Name (Please Print)

Address

City, State, Zip



CREDIT  UNION

Switch List

Use this checklist to quickly identify all vendors who currently have access to your account(s).

AUTOMATIC DEPOSITS

Payroll
Contact the HR Department where you work.
Please include a voided check.
Effective date of change: _____

Social Security
Contact the Social Security Administration at
(800) 772-1213.
Effective date of change: _____

Transfers from other Financial Institutions
Effective date of change: _____

Brokerage Deposits
Effective date of change: _____

Other
Effective date of change: _____

UTILITIES AUTOMATIC PAYMENT

Gas
Account No. _____
Effective date of change: _____

Electric
Account No. _____
Effective date of change: _____

Water/Sewer
Account No. _____
Effective date of change: _____

Local/Long Distance Telephone Service
Account No. _____
Effective date of change: _____

Cellular Telephone Service
Account No. _____
Effective date of change: _____

Internet Service
Account No. _____
Effective date of change: _____

Cable or Satellite TV
Account No. _____
Effective date of change: _____

Garbage
Account No. _____
Effective date of change: _____

Other
Account No. _____
Effective date of change: _____

Other
Account No. _____
Effective date of change: _____

OTHER PAYMENTS

Loans (e.g. car, home, equity, student loan, credit card)
Account No. _____
Effective date of change: _____

Account No. _____
Effective date of change: _____

Mortgage
Account No. _____
Effective date of change: _____

Account Transfers to Other Financial Institutions
Account No. _____
Effective date of change: _____

Insurance
Account No. _____
Effective date of change: _____

Account No. _____
Effective date of change: _____

Brokerage - Automatic Investments
Effective date of change: _____

Other
Effective date of change: _____