



OE FEDERAL SWITCH-KIT

>> Making the switch to OE Federal is easy! <<

We're glad that you chose us! Our goal is to make your transition as smooth as possible and that's why our Online Switch-Kit has everything you need to close your accounts elsewhere, establish direct deposit with us, and set up any automatic transactions. *You can switch to OE Federal in 3 easy steps:*

1 Open an OE Federal Checking Account. Who doesn't want to get all the great benefits OE Federal offers? If you or your family member belong to an eligible union group, YOU'RE IN! Just fill out our **Membership Application** and return it to us with a copy of a valid picture ID for each member on the account and a check for at least \$1 per member. Once your membership is approved and you're part of our family, you can apply for services such as money market accounts, share certificates, loans, and more!

2 Close Your Other Account(s). We want to help you with all your financial needs. When you're ready to close your other accounts, we make it easy with our **Close Account Form**. Simply complete and print the form to give to other financial institutions. In a few weeks, close your other account(s). Why not right away? We don't want any unforgotten expenses to come back to haunt you. Leaving your old accounts active and funded for a few weeks will allow for any outstanding checks and automatic withdrawals to clear. Once your old accounts are inactive, ask the financial institution to send you the balance from that account. We also want to make sure you're safe, so please remember to destroy your old checks, ATM/Debit cards, and deposit slips.

3 Transition Your Automatic Transactions. Bank on your time. With the **Direct Deposit Authorization Form** there's no need for you to come to the branch. With this form you can 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 stop automatic withdrawals from your account, such as mortgage companies, insurance providers, utility, phone, or cable companies. With our helpful Switch List you can identify all vendors who currently have access to your account(s).

Once you've completed all the necessary Switch-Kit forms, you're ready to mail them to us:

OE Federal Credit Union
Attn: Account Services
P.O. Box 5073
Livermore, CA 94551

It's that easy! Welcome to OE Federal, the credit union for dirty hands, muddy boots, and hard hat hair.

Got questions? We're here to help, give us a ring at 800.877.4444.



APPLICATION FOR MEMBERSHIP

New Membership Updated Membership

Account Number: _____

USA PATRIOT ACT NOTICE: To help the government fight the 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 _____ Issuer _____ Issue Date _____ Exp. Date _____

Physical Address _____ City _____ State _____ ZIP _____

Mailing Address (if different from physical) _____ City _____ State _____ ZIP _____

Home Phone _____ Preferred Cell Phone _____ Preferred Email Address _____

Occupation _____ Employer _____ Self-Employed

I AM ELIGIBLE FOR MEMBERSHIP BASED ON THE FOLLOWING

Union and Local Number: _____ Union ID: _____

I am eligible through: _____ Relationship: _____ Phone Number: _____

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 _____ Issuer _____ Issue Date _____ Exp. Date _____

Physical Address _____ City _____ State _____ ZIP _____

Mailing Address (if different from physical) _____ City _____ State _____ ZIP _____

Home Phone _____ Preferred Cell Phone _____ Preferred Email Address _____

Occupation _____ Employer _____ Self-Employed

BENEFICIARIES (ALL INFORMATION MUST BE COMPLETE FOR BENEFICIARIES TO BE ADDED TO MEMBERSHIP. ONLY ADDRESS IS OPTIONAL.)

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



APPLICATION FOR MEMBERSHIP CONT.

SERVICES AND SHARES REQUESTED - IF OPENING MULTIPLE SHARES BY CHECK, INDICATE HOW MUCH TO DEPOSIT IN EACH. (SEE ACCOUNT AGREEMENTS AND DISCLOSURES FOR MINIMUM DEPOSIT REQUIREMENTS)

- Savings Checking Money Market Share Certificate (Term: _____ months)
 \$ _____ \$ _____ \$ _____ \$ _____ Contact me for funding instructions.

OVERDRAFT PROTECTION FOR MY CHECKING SHARES AND MONEY MARKET

Instructions: Indicate below which accounts you want to add overdraft protection to and which accounts you wish to debit in the event of an overdraft. Overdraft Protection Transfers are made in increments of \$50 up to the available balance with an associated fee per transfer, as stated in our Fee Schedule. Transfers made from a Visa Account are considered cash advances and accrue interest from the date of posting. If an Overdraft Protection option is not selected, checks and electronic transactions (ACH/EFT) may be returned unpaid.

- Add Overdraft Protection to my Checking Share from my Primary Savings Money Market Visa Credit Card
 Add Overdraft Protection to my Money Market from my Primary Savings Checking Visa Credit Card

MEMBERSHIP APPLICATION AND 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.

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.

Primary Member Signature

Date

Joint Owner Signature

Date

A photocopy of the valid, government issued ID used with this application is required.

Your application will not be processed without this information.

Send the completed and signed application to:

Mailing Address: PO Box 5073, Livermore, CA 94551

Fax Number: 925-454-4004

CREDIT UNION USE ONLY

- Processed by: _____ Processing Date: _____ Audited by: _____ Audit Date: _____
 Funded by: Check Cash Account Transfer Cash Advance
 Services Opened: Savings Checking Share Certificate Money Market
 O/D Protection Added Waived
 Primary Member OFAC eFunds Existing Member Credit Union Employee Minor
 Joint Owner OFAC eFunds Existing Member Credit Union Employee
 Beneficiary OFAC Existing Member
 Beneficiary OFAC Existing Member
 Beneficiary OFAC Existing Member

CHOOSING A COURTESY PAY OPTION

What happens when your available balance isn't enough to cover the transaction.

You have three options:	BILL PAYMENTS, ACH, AND CHECKS	PAY ALL TRANSACTIONS	PAY NO TRANSACTIONS
You will be charged these fees ¹ :	This option is standard on your account. If you want this option, you don't have to do anything. Under this option, we pay your checks and online bill payments ² and decline your debit card transactions ³ and ATM withdrawals.	If you switch to this option, we may also authorize ATM withdrawals and debit card transactions that overdraw your account ² . If we do, we'll charge a Courtesy Pay fee.	If you switch to this option, we will reject all transactions that overdraw your account ³ .
ATM Courtesy Pay fee	No Fee - Transaction will be declined	\$25	No Fee - Transaction will be declined
Debit card Courtesy Pay fee ⁵	No Fee - Transaction will be declined ³	\$15 to \$25⁵	No Fee - Transaction will be declined ³
Online bill payment Courtesy Pay fee	\$25	\$25	Payment will be returned ⁴
ACH/Check Courtesy Pay fee	\$25	\$25	Check or ACH will be returned ⁴
The maximum Courtesy Pay fees you will be charged	Up to three fees per day for a maximum of \$75 per day.	Up to three fees per day for a maximum of \$75 per day.	No Courtesy Pay fees are charged.
Compare options with these examples:	Example: You use your debit card to spend \$45 at the store.	Example: You use your debit card to spend \$45 at the store.	Example: You use your debit card to spend \$45 at the store.
	Your account has an available balance of \$10	Your account has an available balance of \$10	Your account has an available balance of \$10
	Your transaction is declined because there's not enough available money in your account -\$0	Your transaction is approved even though there's not enough available money in your account -\$45	Your transaction is declined because there's not enough available money in your account -\$0
	Courtesy Pay fees -\$0	Courtesy Pay fees -\$15	Courtesy Pay fees -\$0
	You still have an available balance of \$10	You still have an available balance of -\$50	You still have an available balance of \$10

The Credit Union provides other programs with lower fees to pay transactions that would overdraw your account. For more information about your options and to change your selections, call OE Federal Credit Union at 800.877.4444 or visit oefederal.org.

1. All current fees are available on our Schedule of Fees.
2. The Credit Union will overdraw your account up to \$500 to pay items under the Courtesy Pay Program. Payment of any items under the Courtesy Pay program is made at the discretion of OE Federal Credit Union.
3. Recurring debit card transactions may incur a fee for Non-Sufficient Funds (NSF) to a maximum of three per day or payment of the transaction(s).
4. The item will be returned to the payee unpaid and subject to Non-Sufficient Funds (NSF) fees to a maximum of three per day. Fees may be charged by the payee and/or their financial institution for returned items.
5. One-time debit card and ATM transactions between \$10.01 and \$100 incur a \$15 per paid item fee, between \$100.01 and \$250 incur a \$20 per paid item fee, and above \$250 incurs a \$25 per paid item fee.

What happens when your available balance isn't enough to cover the transaction.

To change your overdraft options, call 800.877.4444. You can also complete this form and bring it to your closest branch location or mail it to:

OE Federal Credit Union
PO Box 5073
Livermore, CA 94551

CHOOSING A COURTESY PAY OPTION ¹

Switch to Bill Payments and Checks

OE Federal Credit Union will overdraw your account up to \$500² to pay personal checks and bill payments. Non-recurring debit card transactions and ATM withdrawals that would overdraw your account will be declined. You will be charged \$25 for each check or bill payment paid through Courtesy Pay, up to a maximum of three fees or \$75 in fees per day.

Switch to Pay All Transactions

OE Federal Credit Union will overdraw your account up to \$500² to pay any transaction, including personal checks, bill payments, debit card transactions, and ATM withdrawals. You will be charged up to \$25 for each Courtesy Pay instance, up to a maximum of three fees or \$75 in fees per day.

Switch to Pay No Transactions

OE Federal Credit Union will reject all transactions that would overdraw your account. You will be charged a \$25 Non-Sufficient Funds Fee (NSF) for each returned check or bill payment, up to a maximum of three fees or \$75 in fees per day.

MEMBER INFORMATION AND AUTHORIZATION

Requesting Member's Signature

Date

Member Name

Member Number(s)

1. If we don't hear from you, your account will default to Option 1, Bill Payments and Checks.
2. Items paid through the Courtesy Pay program are made at the discretion of OE Federal Credit Union.



CLOSE ACCOUNT FORM

>> Please complete and return to the 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
Attn: Account Services
P.O. Box 5073
Livermore, CA 94551
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 an 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 & 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 number (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



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: _____