OE FEDERAL CREDIT UNION

Membership Application

Please include photocopies of Driver's License or ID Card for all members listed on the application

Fill this form out COMPLETELY, and send to
OE Federal Mailing Address: P.O. Box 5073 Livermore, CA 94551
Fax Number: 925-605-3825

Primary Member ☐ **New Membership** ☐ **Update Membership** **Member #**

Prefix First Name Middle Name Last Name Suffix Tax ID / SSN Birth Date

Address (Physical Address) Apt City State Zip Home Phone Cell Phone

Address (Mailing Address) Apt City State Zip Email Address

Driver's License # / ID State Issued Expiration Date Mother's Maiden Name Password (optional)

Occupation Union Name / Local Number Employer's Name

Employer's Address City State Zip Work Phone

If you are applying as a family member, please provide the following:

Family Member's Name Relationship Family Member's Phone #

Joint Member(1) ☐ **Add** ☐ **Remove**

Prefix First Name Middle Name Last Name Suffix Tax ID / SSN Birth Date

Address (Physical Address) Apt City State Zip Home Phone Cell Phone

Email Address Driver's License # / ID State Issued Expiration Date Mother's Maiden Name

Occupation Employer's Name Work Phone

Joint Member(2) ☐ **Add** ☐ **Remove**

Prefix First Name Middle Name Last Name Suffix Tax ID/SSN Birth Date

Address (Physical Address) Apt City State Zip Home Phone Cell Phone

Email Address Driver's License # / ID State Issued Expiration Date Mother's Maiden Name

Occupation Employer's Name Work Phone

Accounts to Open: Please specify which account type(s) you wish to open and designate the amounts to be deposited.

☐ Primary Savings $_____ ($5.00 Minimum) ☐ Money Market $_____ ($2,500.00 Minimum) ☐ Checking $_____ ($20.00 Minimum) ☐ Secondary Savings $_____ ($5.00 Minimum)

☐ I have included a check in the amount of $ for opening deposits

☐ Transfer $_____ from Account #_____ Under Membership #_____ for my opening deposit.

Overdraft Protection*: If you are opening a checking account, please indicate your overdraft protection choice below. This overdraft designation will be used for each checking account established under this application. Please number the following accounts in the order that Overdraft Protection should post.

Primary Savings # ___ Money Market # ___ Visa Account # _____ Secondary Savings # ___

☐ I do not want Overdraft Protection at this time

☐ Overdraft Protection from a Cross Member # Number:_____ Account #_____ Order #_____

By signing below, I authorize OE Federal to transfer funds from my account to pay overdrafts on the checking account designated on this form. I understand that this authorization will remain in effect until canceled by me or the owner(s) of the account that are to receive the transfer of payments of overdrafts regardless of any change made to the account ownership.

*The fee is $2.00 for each Overdraft Protection transfer. Overdraft Protection transfers are made in increments of $50. Overdraft Protection transfers from your Visa account are considered cash advances and will begin to accrue finance charges from the date of posting.

Cross Member's Signature Date

Courtesy Pay: If you are requesting a ATM/DEBIT CARD on your checking account, please indicate your Courtesy Pay choice below**

☐ I want OE Federal to authorize and pay overdrafts on my ATM/Debit card. ☐ I Do Not want OE Federal to authorize and pay overdrafts on my ATM/Debit card.

** $25 fee charged only when you use your debit card or a check posts and you do not have enough funds in your account to cover it.

Will you be conducting international transactions on this account? ☐ Yes ☐ No

Beneficiaries

Upon the death of the individual owner, or if held in joint tenancy upon the death of the last survivor, funds in the accounts covered by this application will be payable to the individuals named below at the percentage designated. If no percentages are shown, distribution will default to equal division.

Name	Address	%	Birth Date	Tax ID / SSN
Name	Address	%	Birth Date	Tax ID / SSN

Consent of Spouse:

If you are married and your spouse is not included as a joint member or an individual other than your spouse is included as a joint owner member, or an individual other than your spouse is designated as a beneficiary on this account, please have your spouse sign the following consent. If your spouse does not sign this consent, he/she may retain a community property interest in this account that could change its final distribution.

I approve and consent to the above form of ownership. I understand that by signing below, I give to the account owner(s) and / or listing beneficiaries any interest I have in the account and transmute any community property interest I have in the funds deposited in the account into the separate property of my spouse.

Spouse's Signature: _____ Date _____

By signing below, I/we signify that all information contained in this application is true and correct. By completing this agreement, I/we are requesting new/updated membership to OE Federal Credit Union (OE Federal). I/we authorize OE Federal to open any and all accounts marked above and have enclosed the minimum deposit as required for each account. I/we agree and understand that this membership account shall be our master account. I/we agree and understand that any of the undersigned may open any type of sub-account under this master account by either mailing an application, telephoning or appearing in person before an OE Federal employee. I/we further understand and agree that all sub-accounts opened by any of the undersigned shall be established with the same ownership and beneficiaries as stated on this application. Further, should I/we choose to establish different ownership and/or beneficiaries, I/we understand that I/we must establish a new master account and sign new master account agreements and documents. I/we agree to abide by all applicable laws and bylaws in all dealings with OE Federal. OE Federal is authorized to check my/our credit history and use consumer-reporting entities to verify the information on this application. I/we acknowledge receipt of and agree that all of my/our accounts will be subject to the Account Disclosure and Fee Schedule as amended from time to time.

By signing below, I/we certify under penalty of perjury that my/our TIN/SSN is correct, that I/we are not subject to backup withholding, and that I/we are a U.S. Citizen or resident alien. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Member Signature Date Joint Member (1) Signature Date

Joint Member (2) Signature Date

Member #

For Credit Union Use Only

Date:	**Processed By:**	**Teller #:**	**Audit Date:**	**Membership Officer:**

☐ **Efunds** ☐ **OFAC** Type of ID Verified