

CHANGE ACCOUNT INFORMATION

CURRENT ACCOUNT INFORMATION
 (Fill in only Fields Requiring **Change, Sign or Initial** where Indicated)
All account owners must sign/initial and FAX back to 281-285-4436)

Account Owner(s): _____ Account #: _____
 Address Change: _____ City: _____ State(P): _____ Zip (PC): _____
 Home #: _____ Work #: _____ Cell #: _____ E-mail: _____

SUBSEQUENT ACTIONS

I/We authorize the Credit Union to make and accept the following changes to my/our account(s):

TYPE OF CHANGE (please indicate the type of change)

Add Account/Service. Add the account/service designated below for the account owner(s) named above.

Terminate Account/Service. Terminate the account/service designated below.

Add Account Owner. Add the following account owner on the account(s) designated below

The account(s) is a Multiple Party Account: with Rights of Survivorship **(initial) X** _____

The account(s) is a Multiple Party Account: without Rights of Survivorship **(initial) X** _____

Account Owner: _____ SSN/TIN: _____ Driver's Lic #: _____ Date of Birth: _____

Street: _____ City: _____ State(P): _____ Zip(PC): _____

Phone (H): _____ (W) _____ (C) _____ Mother's Maiden Name _____

Account Owner: _____ SSN/TIN: _____ Driver's Lic #: _____ Date of Birth: _____

Street: _____ City: _____ State(P): _____ Zip(PC): _____

Phone (H): _____ (W) _____ (C) _____ Mother's Maiden Name: _____

Remove Account Owner. Remove the following account owner from the account(s) designated below (only a joint account owner may remove themselves): Name _____
 I/We understand SLB Employees Credit Union "SECU" requires signed consent of all account owners for removal of a Multiple Party Account owner, and I/we will hold SECU harmless for actions regarding account access. The removed account owner relinquishes ownership interest including any membership share in the account(s) set forth below. This relinquishment does not affect my/our obligation on any loan account(s).

POD/Trust Account Beneficiary. Replace Add Remove the following POD/Trust Account

Beneficiary to the following account(s): All Accounts Designate specific acct.(s): _____

POD/Trust Account Beneficiary: Name _____

Street/City/State(Province)/Zip(Postal Code) _____

Change Trustee. Add Remove the Trustee named below on the following account(s):

All accounts Designate specific accounts. Trustee _____

Street, City/State(Province)/Zip(Postal Code) _____

Change Name. Change my name as follows: _____ Former Name _____

You must provide updated SSN Card plus the legal document showing your name changes.

APPLY CHANGES TO OR ADD DESIGNATED ACCOUNTS AND SERVICES

Primary Savings _____ Switch Choose Current Savings _____ Account to Choose Desired Savings _____
 Primary Checking _____ Switch Choose Current Checking _____ Account to Choose Desired Checking _____ (Checking req.)
 Debit Card _____ Overdraft Protection (transfer priority) _____
 Net24 Request a PIN to self-register **Secondary Savings** **Other** _____

⁽¹⁾ Net24 and Bill Pay Services are FREE. With your Net24 PIN and Account #, you may register online. ⁽²⁾ e-Statements are available FREE (Net24 Service req.).

AUTHORIZATIONS

BACKUP WITHHOLDING CERTIFICATION Check box (A) only if true or (B) below:

(A) **By signing below, I (name) _____ certify under penalties of perjury that (1) the Taxpayer Identification Number (TIN) shown above is my correct TIN and I am not subject to backup withholding either because (a) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends or (b) the IRS has notified me that I am no longer subject to backup withholding.**

(B) A separate W-9 has been completed (or W-8 in the case of a non-resident alien).

I/We agree that the changes on this Form amend the previously signed Account Card(s) and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable, and to any amendment SECU makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested above. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. ⁽¹⁾Select "Register Now" link on Net24 Service www.secu.slb.com. Bill Pay requires a Checking Account, SSN, and U.S. Address.

⁽²⁾ e-Statements are accessed via Net24 and replace physical statements. Physical statements are \$5 each for those with foreign addresses.

X _____ **X** _____ **X** _____
Signature **Date** **Signature** **Date** **Signature** **Date**

FOR SECU USE ONLY

Completed by: _____ **Date** _____