



ACCOUNT HOLDER INFORMATION

An asterisk (*) indicates required information. This form may be e-mailed to secu@slb.com or faxed to (281) 285-4436; a call back verification will be required.

*Account Owner(s) _____ *Account # _____

*Address: Street _____ *City _____ State _____

*Zip (PC) _____ *Phone _____ *E-Mail _____

Initial on the line that indicates your preference.

I/We authorize the Credit Union to close the following accounts. I/We confirm that there has been no activity on the Visa Debit or Credit Card in the past 45 days. I/We understand an early account closure fee will be assessed from the account if it has been opened for less than 6 months as stipulated in the SECU fee disclosures. I/We understand that it is my/our responsibility to stop any Schlumberger Payroll Deduction/Direct Deposit payments into the account(s), by submitting the appropriate form(s). I/We understand that ScoreCard Rewards Points will be forfeited and removed immediately unless redeemed PRIOR to authorizing this closure. Accounts cannot be closed via A2A transfers. Attempting to do so will incur non-refundable NSF Fees.

- 1.) Membership (Savings) 5.) VISA Debit Card
2.) Standard Checking 6.) VISA Credit Card
3.) Budget Checking 7.) ScoreCard Rewards Points Forfeit or Transfer
4.) 55+ Checking 8.) Other/ List:

REASON

Please indicate the reason for the closure.

- Account not needed Available funds needed
Inconvenient Location Consolidating accounts
No Longer employed w/SLB Unsatisfied with service
Other/Explain:

FUNDS RELEASED

- Cash Internal Transfer to Account #
Check Wire transfer - Wiring instruction must be submitted via NET24

AUTHORIZATION

All Owners Must Sign

X Signature Date X Signature Date
X Signature Date X Signature Date

FOR SECU USE ONLY

Verified Signatures Closed Plastic Card(s)
Closed Loans Followed Account Closure Checklist

ScoreCard Rewards Forfeit Transfer
Points:
From Card#:
To Card#:
Completed By:

Completed by: Date: