

Maintenance Form

Light Commerce Credit Union
POB 670494
Houston, TX 77067



(printed name)

Please return this completed form to an LCCU representative:

- 1. front counter Sunday**
- 2. branch during business hours**
- 3. U. S. mail**

Once received, LCCU will change the address and forward all statements.

Old Address: _____

New Address: _____

Email: _____

Home Phone: _____

Office Phone: _____

Cell Phone: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date of Maintenance _____

Date Statements Mailed _____

Person Responsible _____