

# 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** \_\_\_\_\_