



CALIFORNIA LITHUANIAN CREDIT UNION

Account # _____

<u>Current Name/Address/Phone #</u>	<u>New Name/Address/Phone #</u>
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone Number: _____	Phone Number: _____

Additional information to help us contact you.

Cell phone number: _____

Work number: _____

email address: _____

Other information: _____

Please fill out any new changes to your name, address and phone number. Sign and return the form in the enclosed addressed envelope. If you have any questions, please call us at (310) 828-7095. Thank you.

Signature _____

Date _____