

70 Westview Street Lexington, MA 02421 T 781-423-2022 | F 617-258-5709 info@mitfcu.mit.edu www.mitfcu.org

ACCOUNT TITLE CHANGES

Current Name:		Member Number:		
I hereby authorize MIT Federal Credit Union to m	ake the following cha	ange(s) to my name(s	s) on my account:	
Updated Name:				
Please update and/or reorder the following	products after this	change has been	processed:	
□ Debit Mastercard [®] □ ATM Card	□ Checks			
For check reorders, please indicate below how y	our information shoul	d appear on your ne	w checks:	
Primary Owner Name				
Joint Owner Name (if applicable)				
Street Address				
Street Address				
City		State	Zip Code	
Phone Number (if desired)		IMPORTANT: Joint owners cannot be removed from an account once they have been added.		
Please indicate the type of checks you wish	n to order:			
□ Single Checks □ Duplicate Checks	□ Other:			
Check order fees will be charged to your MIT I	FCU checking accol	unt.		
Member Signature		Da	ite	
Printed Name				

NOTE: Please include a copy of any applicable legal documentation verifying your name change.