



70 Westview Street
Lexington, MA 02421
617-253-2845
www.mitfcu.org

MEMBERSHIP CLOSURE REQUEST

Member Name: _____ Member Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

NOTE: If a Share Certificate is being closed prior to its maturity date, an Early Certificate Closure Form is required.

I hereby authorize the MIT Federal Credit Union to close my membership. I understand that by signing this form, I am also giving consent to close out any active loans in addition to my membership, including but not limited to personal loans of any type.

Do you currently have payroll deduction on the share account being closed?

- Yes
- No

If you currently have payroll deduction, additional paperwork must be completed before closing your account.

Member Signature

Date

Printed Name