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POWER OF ATTORNEY CONTACT

Please complete the following information regarding the **PRIMARY OWNER** on the account:

Member Name: _____ **Member Number:** _____

Date of Birth: _____ **Email Address:** _____

Are there any other joint owner(s) on the account for which you **will not** have Power of Attorney? Yes No

Please complete the following information regarding the **POWER OF ATTORNEY** for the account:

First Name	Last Name	Middle Initial
Street Address		
City	State	Zip Code
Date of Birth	Social Security Number	
Phone Number	Email Address	
Security Word		

Once all required information has been received and evaluated, MIT Federal Credit Union will retain the Power of Attorney (POA) document(s) on file until expired or revoked. Please contact us at 617-253-2845 with any questions or concerns.