



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

SHARE ACCOUNT 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 _____ account, ONLY. I wish to keep my membership open. I understand that I must maintain a minimum balance of \$5.00 in my Basic Savings account at all times to maintain my membership.

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