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ACCOUNT TITLE CHANGE REQUEST FORM

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

I hereby authorize MIT Federal Credit Union to make the following change(s) to my name(s) on my account:

Updated Name: _____

Please update and/or reorder the following products after this change has been processed:

Debit Mastercard® Checks

For check reorders, please indicate below how your information should appear on your new checks:

Primary Owner Name: _____

Joint Owner Name (if applicable): _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number (if desired): _____

Please indicate the type of checks that you wish to order:

Single Checks Duplicate Checks Other: _____

NOTE: Please note that the check order fee will be charged to your MIT Federal Credit Union checking account.

By signing below, you verify that all information provided is accurate and complete.

Signature: _____ **Date:** _____

Printed Name: _____

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