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MEMBERSHIP CLOSURE REQUEST FORM

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

Street Address: _____

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

Phone Number: _____ **Email Address:** _____

The following accounts will be closed as part of the membership closure:

_____ _____

_____ _____

NOTE: If you are closing a Share Certificate before its maturity date as part of your membership termination, you must also complete a **Share Certificate Early Closure Request** form in addition to this form.

I hereby authorize MIT Federal Credit Union to close my membership. I understand that by signing this form, I am also consenting to the closure of any active loans associated with my membership, including but not limited to personal loans of any type.

Signature: _____ **Date:** _____

Printed Name: _____