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## MEMBERSHIP CLOSURE REQUEST FORM

Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**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.

**Do you currently have payroll deduction on any of the Share Account(s) being closed?**

☐ Yes\*

☐ No

*\*If you are currently enrolled for payroll deduction, additional documentation must be completed before your membership may be closed.*

**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: \_\_\_\_\_