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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 Power of Attorney document(s) on file until expired or revoked. If you have any questions or concerns, please call us at **(781) 423-2022**, email us at **info@mitfcu.mit.edu**, write us at MIT Federal Credit Union, 70 Westview Street, Lexington, MA 02421, or visit one of our branch locations.