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MEMBERSHIP CLOSURE REQUEST

Member Name: _____ Member Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

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

I hereby authorize the MIT Federal Credit Union to close my membership. I understand that by signing this form, I am also giving consent to close out any active loans in addition to my membership, including but not limited to personal loans of any type.

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

- Yes
- No

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

Member Signature

Date

Printed Name