



Account Close Request

To: _____

From: _____

Address: _____

Please close the following account(s) with your institution:

Account# _____ Checking/Savings/Money Market/Other: _____

Account# _____ Checking/Savings/Money Market/Other: _____

Account# _____ Checking/Savings/Money Market/Other: _____

Account# _____ Checking/Savings/Money Market/Other: _____

Please send any remaining funds to:

_____ the address shown above _____ the following address: Hannaford Associates FCU
PO Box 1440
Portland, ME 04104

Primary Account Holder Signature _____

Secondary Account Holder Signature _____

Date _____