

# Additional Services Form

Send/Fax this notice to Hannaford Associates Federal Credit Union

FAX (207) 883-8629

Mail Code: 1440

Member / Account #: \_\_\_\_\_

Name: \_\_\_\_\_

*I would like to sign up for the following services:*

Checking \*

Checks

Please specify starting number and telephone number preference. \$14.40 for basic checks...call for any other orders.

ATM/Debit \*

\*\$25 minimum weekly payroll deduction

Christmas Club\*\*

Special Club/Vacation Club\*\*

\*\*Fee for early withdrawal

Money Market\*\*\*

\*\*\*\$5,000 minimum balance requirement.

Share Certificate of Deposit (CD)

6 Month Share Certificate

12 Month Share Certificate

24 Month Share Certificate

36 Month Share Certificate

60 Month Share Certificate

Other term \_\_\_\_\_

IRA

Traditional  Roth  Education (Coverdell Education Savings Account)

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

**Form H24**

**Hannaford Associates Federal Credit Union**

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www.hannafordcreditunion.com

