



AGREEMENT TO CLOSE SHARE ACCOUNT

I, _____ hereby **request Hartford Healthcare Federal Credit Union** to close my share account, member number _____ as of ____/____/_____.

This request is made with the understanding that I have reviewed my account history and there are no outstanding items to be processed.

However, I do agree to assume all charges related to my account if any items attempt to clear after my account is closed.

(Share draft checking accounts only)

It is my understanding that all unused checks will be destroyed by me. I will assume full responsibility and related expenses should any checks be presented for payment.

X _____

Account # _____

ATM or debit card has been destroyed for primary as well as joint member:
Yes: _____ No: _____

X _____ (Seal)
Member Name: _____

If address on our system is different, a change of address form must accompany this form.