Federally Insured by NCUA, Equal Housing Lender

Online Survey

First Name: Last Name:

Submitted on:

Date of your transaction: (required)	
Time of Transaction: (required)	
Full Account Number: (required)	
Employee Who Helped You (Name or Teller #): (required)	

Below, please rate the quality of service you received from our employee. Please check only one box per question.

Promptness (required)	◯ Excellent ◯ Above Average ◯ Satisfactory ◯ Needs Improvement ◯ Poor
Accuracy (required)	◯ Excellent ◯ Above Average ◯ Satisfactory ◯ Needs Improvement ◯ Poor
Courtesy (required)	◯ Excellent ◯ Above Average ◯ Satisfactory ◯ Needs Improvement ◯ Poor

Professionalism (required)	◯ Excellent ◯ Above Average ◯ Satisfactory ◯ Needs Improvement ◯ Poor
Overall Satisfaction (required)	◯ Excellent ◯ Above Average ◯ Satisfactory ◯ Needs Improvement ◯ Poor
Did the employee offer you a product? (required)	◯ No ◯ Yes
If the answer is yes to the question above, what product did they offer? (If no product was offered, type in None or N/A) (required)	
Other Comments:	