

Federally Insured by NCUA, Equal Housing Lender

Online Survey

First Name:	Last 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)	ExcellentAbove AverageSatisfactory
	Needs Improvement Poor
Accuracy (required)	ExcellentAbove AverageSatisfactoryNeeds ImprovementPoor
Courtesy (required)	ExcellentAbove AverageSatisfactoryNeeds ImprovementPoor

Professionalism (required)	ExcellentAbove AverageSatisfactoryNeeds ImprovementPoor
Overall Satisfaction (required)	ExcellentAbove AverageSatisfactoryNeeds ImprovementPoor
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:	