

Federally Insured by NCUA, Equal Housing Lender

Online Survey

First Name:	Last Name:
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 AverageSatisfactoryNeeds Improvement
	O Poor
Accuracy (required)	C Excellent C Above Average
	SatisfactoryNeeds ImprovementPoor
Courtesy (required)	C Excellent C Above Average
	O Satisfactory O Needs Improvement
	O Poor

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:	