



Closed Account Survey

Date: _____

Account Number: _____

Print Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

_____ Moving from the area

_____ Credit Union not convenient due to hours or location

_____ Rate/Fees Not Competitive

_____ Service Not Meeting Expectations

_____ Lack of Products Offered

_____ Other – Please give brief explanation

Is there any additional information to help the Credit Union improve our products and services?

Signature: _____