



### CLOSED ACCOUNT MEMBER FEEDBACK FORM

Date: \_\_\_\_\_

Member Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

*\*\$25 fee will apply if you are closing your account within 180 days of opening.*

*\*\* (Debit Cards take 24 hours to close)*

**Please rank your level of satisfaction to the following: (1=low and 5=high, circle one)**

- |   |   |   |   |   |                     |   |   |   |   |   |                 |
|---|---|---|---|---|---------------------|---|---|---|---|---|-----------------|
| 1 | 2 | 3 | 4 | 5 | Products            | 1 | 2 | 3 | 4 | 5 | Locations       |
| 1 | 2 | 3 | 4 | 5 | Service             | 1 | 2 | 3 | 4 | 5 | Hours           |
| 1 | 2 | 3 | 4 | 5 | Pricing             | 1 | 2 | 3 | 4 | 5 | Staff Knowledge |
| 1 | 2 | 3 | 4 | 5 | Electronic Services | 1 | 2 | 3 | 4 | 5 | Friendly Staff  |
| 1 | 2 | 3 | 4 | 5 | Deposit Rates       | 1 | 2 | 3 | 4 | 5 | Convenience     |
| 1 | 2 | 3 | 4 | 5 | Loan Rates          | 1 | 2 | 3 | 4 | 5 | Other: _____    |

To help us improve our service level, please explain any ranking of 3 or less, or other comments & suggestions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I have closed the above referenced account at Spirit of Alaska Federal Credit Union. I acknowledge that any outstanding checks presented for payment in the future will be returned as "Account Closed." I also understand that I am liable for any and all debit and credit transactions until all cards issued to me are returned to Spirit of Alaska Federal Credit Union.*

If moving please provide forwarding information:

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Member Signature: \_\_\_\_\_

**For Credit Union use only:**

Member Service Rep. Sig.: \_\_\_\_\_ Supervisor Sig.: \_\_\_\_\_

(if over \$500.00 or member is unsatisfied)

Closing Balance:\$ \_\_\_\_\_ Date Processed: \_\_\_\_\_

Supervisor comments/notes: \_\_\_\_\_