



First Harvest

CREDIT UNION

We value you as a Member and we'd like to know how we can serve you better. Please take a moment to answer these few questions. Your help is greatly appreciated.
(PLEASE MARK YOUR CHOICE)

Date: _____ (MM/DD/YYYY)

Time: Morning Afternoon Evening

Where did we serve you?

Approximate Wait Time: _____

Reason for Visit: Deposit Withdrawal
 Payment Cash Check Open Account
 Apply for Loan Loan Closing
 Other _____ (PLEASE SPECIFY)

Who Helped You: _____

Quality of Service:

Awesome

Good

Just Okay

Disappointing

Comments Suggestions:

PLEASE UPDATE YOUR CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

CELL: _____ HOME: _____

EMAIL: _____



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