

Credit Union Logo
Supervisory Committee
P O Box for Committee
City, State Zip
Supervisory@yourCU.org

Date

(To fit window envelope)

Member Name

Address

City, State Zip

(Place so it won't show through envelope)

Re: Your Account # 987654321

Our records show that you recently closed your account and ceased to be a member of your credit union. ***If this is not correct immediately contact the Supervisory Committee at the address above.***

If you closed your account we want you to know:

- ✓ We want you to come back! You have up to 6 months to reopen your account if you are no longer in our field of membership (*define here or footnote it below.*)
- ✓ "Once a member, always a member" is our policy. If you no longer work for XYZ Company you can keep your accounts here and continue to receive credit union benefits.

Your opinion is highly valued by our committee and the staff. We hope you will share your experience by completing this survey and returning it in the envelope enclosed.

Sincerely yours,
Supervisory Chair's Signature

What is the primary reason for closing your accounts with your credit union?

- Price
- Product Features
- Service level
- Moved out of the area
- Other (Please state _____)
- Don't know

What is the main for closing your account?

Which financial service provider do you now use as your primary banking relationship?

Is this a new relationship or did you consolidate your accounts with them?

- New relationship
- Consolidated my accounts

How did you hear about your new primary financial institution?

- Advertisement
- Direct mail
- Sales representative
- Colleague/friend
- Other (Please state: _____)

Is there anything your credit union could have done differently to keep your business?

How long had you been a member of your credit union?

- Less than one year
- One to under three years
- Three to under five years
- Five to under ten years
- Ten years or longer

Please list the top 3 reasons you initially opened your account at your credit union:

Please rate your level of agreement with the following statements

(10 – 1 scale, 10 being “completely agree” and 1 meaning “completely disagree.”)

I believe my credit union provided good value	1	2	3	4	5	6	7	8	9	10
In the past year I used my credit union in more ways or more often	1	2	3	4	5	6	7	8	9	10
My credit union values people and relationships more than profits	1	2	3	4	5	6	7	8	9	10

Is there anything else you'd like to add about your credit union, its services or its staff?

Thank You for Your Time and Honest Feedback

Return this form in the addressed envelop provided, mail it to the
Supervisory Committee P O Box, or fax to 555-333-1111

This sample survey format provided by Carolyn Warden, CCUE.
It has been worded to comply with Federal Credit Union regulations.
If you have questions or concerns please contact Carolyn@CarolynWarden.com