



CLOSED ACCOUNT MEMBER FEEDBACK FORM

Member Number: _____ Member Name: _____
 Share Account Number(s): _____ Date: _____

- | | |
|--|-------------------------------|
| _____ Checking or Savings | _____ Auto Loan |
| _____ Direct Deposit | _____ Other Consumer Loan |
| _____ Automatic withdrawals or transfers | _____ Real Estate Loan |
| _____ IRA | _____ Visa/Mastercard |
| _____ Share Certificate of Deposit | _____ Atm Card |
| _____ Alaska Cache Debit Card | _____ E-teller Account Access |
| _____ Pocket Cache Debit Card | _____ Bill Pay-e Plus |
- (Debit card takes 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:

Other comments or 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 card transactions until all cards issued to me are returned to Spirit of Alaska FCU.

If moving please provide forwarding address:

Member Signature _____

For credit union use only:

Member Service Representative Signature: _____ Supervisor sig _____
 Closing Balance\$ _____ (if over \$500.00 or if member is unhappy)

Date received _____ Date completed _____ Messages _____

Route to: _____ 1007 (04/2009): _____