



## Testimonial Form for Members

We value your feedback as it helps us improve the way we serve you. Please complete this form and submit it to one of our team members.

**Name (optional):** \_\_\_\_\_

**Member Since:** \_\_\_\_\_

**1. What type of Product/Service did you receive?** Please check boxes that apply:

Account Opening/Maintenance

Home Equity Loan or Mortgage

Purchase/Refi of New or Used Vehicle

Credit Card Balance Transfer or New Credit Card Application

Personal Loan (please indicate type) \_\_\_\_\_

Other (Please indicate) \_\_\_\_\_

**2. Were you satisfied with our service?** \_\_\_\_\_

**3. Would you refer us to family or friends?** \_\_\_\_\_

**4. How much money did FCFCU save you monthly on a loan refi?** (if you don't know, ask your FCFCU staff member to give you a figure) \_\_\_\_\_

**5. Do you allow us to publish this testimonial in our member communications *without* using your name?**

\_\_\_\_\_

**Other comments?** \_\_\_\_\_

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