



**Testimonial Form**

First Carolina Bank wants to hear from you! If you've experienced exceptional service, we invite you to share your experience using our Testimonial Form. You also have the opportunity to recommend ways for us to improve.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Rating** (1 lowest – 5 highest): \_\_\_\_\_

**Testimonial:**

- What product/service did you like best?
- What made this product/service exceptional?
- What other products/services were you impressed with?
- Who assisted you?
- Addition Comments?

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**How Can We Improve:**

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**May We Share Your Testimonial on Our Official Website/Social Media Pages:**     Yes     No

\_\_\_\_\_  
Customer Signature