

# CUSTOMER BILL OF RIGHTS REPORT

## WHICH OF YOUR CUSTOMER RIGHTS WERE NOT MET?

### 1. You have the Right to Exceptional Service

- Old Missouri Bank employees will smile and use your name at least once during each visit.
- We'll provide you with our undivided attention, and offer you personalized service.
- We will thank you for your business – after all, you're the reason we're here.
- When calling the bank, your hold time (without employee contact) will be under 60 seconds.

### 2. You have the Right to Accuracy

- You have the right to current and accurate information – for every account and every transaction conducted on your behalf.

### 3. You have the Right to Effective Communication

- Inquiries made before 3:00 pm will receive a same-day response.
- Inquiries made after 3:00 pm will receive a response the following day.
- You'll be contacted within 30 days of account opening and/or loan closing to thank you, to confirm that the new account or loan is meeting your needs, and to answer any questions you may have.
- During your loan process, you'll be updated weekly by phone, in person, or by email on the status of your loan.
- We will follow up with all customers at least once per quarter by phone, mail, in person, or by email.

### 4. You have the Right to Know Your Bank

- You will be personally introduced to at least one other team member at Old Missouri Bank.
- This additional contact will be able to answer your questions if your primary contact isn't available.

### 5. You have the Right to a Positive Experience

- When you arrive in the lobby, you'll be offered a beverage and a cookie.
- Your wait to be helped by a lobby teller will be under five minutes.
- We will ask your opinion after your account is opened and/or your loan is closed, and periodically thereafter.  
Tell us how we're doing, and suggest ways we can serve you better!

CUSTOMER NAME:

DATE:

Address:

City:

State:

ZIP Code:

## PLEASE PROVIDE EVENT DETAILS BELOW

Was there a specific event or employee that contributed to your dissatisfaction?  Yes  No  
If so, please include details so we may rectify the problem:

Date:

Time:

Bank Location:

S. National

W. Sunshine

Would you like an Old Missouri Bank representative to follow up with you?

Yes

No

Overall, how satisfied are you with Old Missouri Bank's customer service?

Extremely Satisfied

Satisfied

Dissatisfied

Extremely Dissatisfied

Would you refer a friend or family member to Old Missouri Bank?

Yes

No

Customer Signature:

Date:

*To receive a Bill of Rights payment, this form must be completed and returned to an Old Missouri Bank representative. Any applicable payments will be paid either in cash, check, or as an account credit. This program can be discontinued at any time, and any payments or incentives received may be reported to the IRS.*

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## EMPLOYEE RECEIVING REPORT:

Employee Name:	Title/Position:
Employee Signature:	Date:
Payment made by <i>(if applicable)</i> : <input type="checkbox"/> Cash Payment <input type="checkbox"/> Account Credit <input type="checkbox"/> Other:	
OMB account debited:	
Additional comments:	

## SUPERVISOR COMMENTS:

Supervisor Name:	Title/Position:
Supervisor Signature:	Date:
Additional comments:	

## TRACKING INFORMATION (RACHEL HUDSON):

Employee Name:	Title/Position:
Employee Signature:	Date:
Has the customer previously reported a complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?	
Additional comments:	

## BOOKKEEPING INFORMATION (SHEILA WYANT):

Employee Name:	Title/Position:
Employee Signature:	Date:
Additional comments:	
Payment made by <i>(if applicable)</i> : <input type="checkbox"/> Cash Payment <input type="checkbox"/> Account Credit <input type="checkbox"/> Other:	
OMB account debited:	