



DEVON BANK

Customer Relationship Form

Name: _____

*Gender: _____

Date of Birth: _____

*Ethnicity: _____

Phone: _____

Please take this short survey to help us get to know you better:

1. How did you hear about Devon Bank?

2. What is your preferred language?

3. Please provide your email address: _____

In addition to email, would you like to be contacted by phone or standard mail?

Phone

Standard Mail

Text Message

4. Do you have children over the age of 18?

Yes

No

5. Are you a homeowner? Yes No

If not, do you plan to purchase a home in the near future? Yes No

6. Are you a business owner? Yes No

If yes, what type of business do you own? _____

Please hand this to your Banker when done. Thank You!

You can also complete this survey at: WWW.DevonBank.Com/Questionnaire

* Optional