

THE BANK OF mauston

Member FDIC | Equal Housing Lender

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First Name:		Last Name:	
Submitted on:			
General Comments			
General Comments			
How would you like us to answer you?	<input type="radio"/> Telephone <input type="radio"/> Fax <input type="radio"/> Regular Mail <input type="radio"/> E-Mail		
Product Information Request			
Are you a present customer of our bank?	<input type="radio"/> Yes <input type="radio"/> No		
Please Complete This Section			
Your Name		E-Mail Address	
Mailing Address	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Area Code / Phone No.			
Fax Number w/Area Code		Best Time To Call	Company Name