

THE BANK OF mauston

Member FDIC | Equal Housing Lender

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Secure Contact Us Form

| | | | |
|---|--|-------------------|--------------|
| 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 |
| | | | |