

Secure Contact Us Form - KFCU

| | | | |
|---|--|---|------------------------------|
| First Name: | | Last Name: | |
| How would you like us to answer you? | <input type="radio"/> Telephone | <input type="radio"/> Fax | <input type="radio"/> E-Mail |
| | <input type="radio"/> Regular Mail | | |
| Request Product Information Lending Products | <input type="checkbox"/> Automobile Loan | <input type="checkbox"/> Home Equity Line of Credit | |
| | <input type="checkbox"/> Mortgage Loan | <input type="checkbox"/> Mortgage Refinancing | |
| | <input type="checkbox"/> Personal Unsecured Loan | <input type="checkbox"/> Credit Card | |
| Deposit Products | <input type="checkbox"/> Business Checking | <input type="checkbox"/> Money Market Account | |
| | <input type="checkbox"/> Personal Checking Accounts | <input type="checkbox"/> Personal Savings Accounts | |
| Investment Products | <input type="checkbox"/> Certificates of Deposit | <input type="checkbox"/> Financial Planning | |
| | <input type="checkbox"/> Retirement Accounts | | |
| Other Products or Services | | | |
| Request CD Rate Quote (required) | Amount | CD Term | |
| | _____ | _____ | |
| (required) | Months | Years | |
| | CD Term: | <input type="radio"/> | <input type="radio"/> |
| How would you like your interest payments? | <input type="radio"/> Monthly | <input type="radio"/> Quarterly | |
| | <input type="radio"/> Semi-Annually | <input type="radio"/> Annually Until Maturity | |
| Is your principal CD amount from your IRA? | <input type="radio"/> Yes | <input type="radio"/> No | |
| Loan Application Request (required) | Amount Requested | Term | |
| | _____ | _____ | |
| (required) | Months | Years | |
| | Term | <input type="radio"/> | <input type="radio"/> |
| Purpose of Loan | | | |
| Are you a present customer of our bank? | <input type="radio"/> Yes | <input type="radio"/> No | |
| Would you like to apply for your loan | <input type="radio"/> over the phone | <input type="radio"/> in person | |
| | <input type="radio"/> by mail | | |
| Please Complete This Section | | | |
| (required) | Your Name | E-Mail Address | |
| | _____ | _____ | |

| | |
|------------------------------|---|
| Mailing Address | Address Line 1 _____ |
| | Address Line 2 _____ |
| | City _____ State _____ ZIP Code _____ |
| Area Code / Phone No. | |
| (required) | Fax Number w/Area Code Best Time To Call Company Name _____ |