



Federally Insured by NCUA, Equal Housing Lender

Secure Contact Us Form - KFCU

First Name:		Last Name:	
Submitted on:			
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		
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	
	<hr/>		

<div> <div>CD Term:</div> <div> <div>Months</div> <div> <input type="radio"/> </div> </div> <div> <div>Years</div> <div> <input type="radio"/> </div> </div> </div>	
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)	<div> <div>Amount Requested</div> <div>Term</div> </div> <div> <div></div> <div></div> </div>
<div> <div>Term</div> <div> <div>Months</div> <div> <input type="radio"/> </div> </div> <div> <div>Years</div> <div> <input type="radio"/> </div> </div> </div>	
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	
<div> <div>Your Name</div> <div>E-Mail Address</div> </div> <div> <div></div> <div></div> </div>	
Mailing Address	<div>Address Line 1</div> <div>Address Line 2</div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div>
Area Code / Phone No.	
<div> <div>Fax Number w/Area Code</div> <div>Best Time To Call</div> <div>Company Name</div> </div> <div> <div></div> <div></div> <div></div> </div>	