



**SAVINGS  
BANK**

**Local.Not Limited.™**

### Secure Contact Us Form

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
General Comments:	
Request Product Information Lending Products	<input type="checkbox"/> Automobile Loan <input type="checkbox"/> Home Equity Loan  <input type="checkbox"/> Home Equity Line of Credit <input type="checkbox"/> Home Improvement Loan  <input type="checkbox"/> Mortgage Loan <input type="checkbox"/> Mortgage Refinancing  <input type="checkbox"/> Tuition Loan <input type="checkbox"/> Personal Unsecured Loan  <input type="checkbox"/> Small Business Loan
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)	<div>Amount</div> <div>CD Term</div>	
(required)	<div>CD Term:</div>	<div>Months</div> <div>Years</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>Amount Requested</div> <div>Term</div>	
(required)	<div>Term</div>	<div>Months</div> <div>Years</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		
(required)	<div>Your Name</div> <div>E-Mail Address</div>	
Mailing Address	<div>Address Line 1</div> <div>Address Line 2</div> <div>City</div> <div>State</div> <div>ZIP Code</div>	
Area Code / Phone No.		

(required)

Fax Number w/Area Code

Best Time To Call

Company Name