



8 Main Street, P.O. Box 490  
 Black River Falls, WI 54615  
 Ph: 715-284-5341 FAX: 715-284-7470  
 MEMBER FDIC

**JACKSON COUNTY BANK**



**Jackson County Bank Secure Contact Us Form**

First Name:		Last Name:	
<b>Please Complete This Section</b>			
Your Information (required)	Name	E-Mail Address	Account #
	_____	_____	_____
Business Name <i>If Applicable</i>			
Mailing Address	Address Line 1 _____		
	Address Line 2 _____		
	City	State	ZIP Code
	_____	_____	_____
Contact Information (required)	Primary Phone #	Alternate Phone #	Best time to call.
	_____	_____	_____
How would you like us to contact you? <i>In some cases, we must telephone you.</i>	<input type="checkbox"/> Telephone <input type="checkbox"/> Email/Secure Email <input type="checkbox"/> Postal Mail		
<b>Email contact may be by secure email which will require you to establish a login.</b>			
<b>How can we help you?</b>			
Please add questions or comments here.			
Request Loan Product Information	<input type="checkbox"/> Automobile Loan	<input type="checkbox"/> Personal Loan	
	<input type="checkbox"/> Mortgage Loan	<input type="checkbox"/> Mortgage Refinancing	
	<input type="checkbox"/> Home Improvement Loan	<input type="checkbox"/> Home Equity Loan	
	<input type="checkbox"/> Home Equity Line of Credit	<input type="checkbox"/> Agricultural Loan	
	<input type="checkbox"/> Business Loan		
Purpose of Loan			
Request Deposit Product Information	<input type="checkbox"/> Personal Checking	<input type="checkbox"/> Business Checking	
	<input type="checkbox"/> Money Market	<input type="checkbox"/> Personal Savings	
	<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> IRA	