

Client	s Name:
Client's Phone:	
Today	's Date:
We appreciate your business and would like to offer you a valuable FREE service:  If you have certificates of deposit at other Financial Institutions, please provide Mutual Savings Association, FSA with those maturity dates. Several days before they mature, we'll call you with our current rates. Better yet, we'll also provide you with the rates of our local competitors. This will alleviate your having to spend your valuable time shopping rates.  You don't need to provide the amount or current Financial Institution unless you with to.	
Term of Certificate:  Term of Certificate:	Maturity Date:  Maturity Date:
Term of Certificate:  Term of Certificate:	Maturity Date:  Maturity Date:
Who else do you know who would appreciate this service?  Name: Phone: Address:	
Name:	Phone:

Financially Strong Since 1888

HOME OFFICE:
FOURTH AND SHAWNEE
P.O. BOX 949
LEAVENWORTH, KANSAS 66048
PHONE 913-682-3491
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**Mutual Savings Association, FSA** 

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