**Emergency Contact Person Information**

This form is for New Hampshire Banking Department financial institutions to provide information about their designated emergency contact person.

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| **Institution:** |  |
| **Mr.** **[ ]  Ms.** **[ ]  Mrs.** **[ ]**  |
| **Name (first, middle, last)** |  |
| **Title** |  |
| **Street Address** |  |
| **City, State, Zip Code** |  |
| **Email Address** |  |
| **Office Phone Number:** |  | **Office FAX Number:**  |
| **Cellular Phone Number:** |  |

If the person listed above is replacing a prior emergency contact person please list the prior contact’s name below

|  |  |
| --- | --- |
| **Name (first, middle, last)** |  |
| **Title** |  |

Please save this document and email it as an attachment to nhbd@banking.nh.gov.