**Emergency Contact Person Information**

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

|  |  |  |
| --- | --- | --- |
| **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.