

# Export – Import Bank of the United States EMERGENCY NOTIFICATION FORM

Employee Name: \_\_\_\_\_  
Last First M.I.

Home Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Personal Email: \_\_\_\_\_

## *In Case of Emergency - Please Notify:*

### Primary Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First M.I. Last

Home Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Work Email: \_\_\_\_\_

### Secondary Contact (Optional)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First M.I. Last

Home Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Work Email: \_\_\_\_\_

\_\_\_\_\_  
Employee’s Signature Date