



Nebraska
Independent
Community
Bankers

Company Vitals Form

Keeping our records up to date is a priority! We ask that you take the time to complete this form entirely to ensure that we have all of your current information on file.

Bank/Organization Name

Mailing Address

Town

State

Zip

Main Phone

Website

Primary Contact Name

First

Last

Title

Email

Direct Phone

Primary Contacts Mailing Address

Town

State

Zip

HR Contact Name

First

Last

Email

IT Contact Name

First

Last

Email

Education & Development for Bank Contact Name

First _____ Last _____

Email _____

Compliance Officer Contact Name

First _____ Last _____

Email _____

Director's Contact's Name

First _____ Last _____

Email _____

If there is anyone else in your organization who should be receiving communication from us, please provide their first and last name, email address, mailing address and department or title:

First _____ Last _____

Email _____

Mailing Address _____

Town _____ State _____ Zip _____
