



Contact Information

Email the completed form to:

Communications.Testing@theclearinghouse.org

CHIPS Participant Name:

Bank ABA:

Please provide the name of the individuals CHIPS can contact during the mandatory test.

Information Required	Please fill in the spaces provided
Primary Contact Person	
Phone Number	
Cell Number	
E-Mail Address	
Secondary Contact Person	
Phone Number	
Cell Number	
E-Mail Address	

If you will be testing from your contingency site, please provide the information below:

Information Required	Please fill in the spaces provided
DR Site Connection	
Location	