

Federal Deposit Insurance Corporation  
**AGREEMENT FOR SERVICES**  
**(EXPERT/LEGAL SUPPORT SERVICES (LSS) PROVIDER)**  
**AMENDMENT**

AGREEMENT FOR SERVICES  
 EFFECTIVE DATE (MM/DD/YYYY)

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**SECTION I – EXPERT OR LEGAL SUPPORT SERVICES PROVIDER INFORMATION**

NAME OF EXPERT OR LEGAL SUPPORT SERVICES PROVIDER

FEDERAL TAX IDENTIFICATION NUMBER

BRANCH/OFFICE LOCATION *(Each office of a multiple office firm/business must complete a separate rate schedule.)*

ADDRESS	CITY	STATE	ZIP CODE	E-MAIL ADDRESS
NAME OF CONTACT PERSON		PHONE NUMBER <i>(Include Area Code)</i>		FAX NUMBER <i>(Include Area Code)</i>

ADD (A) or DELETE (D)	BILLABLE INDIVIDUAL <i>(First, Middle, Last, Suffix)</i> <i>Alphabetical Order</i>	TITLE	MINORITY STATUS Asian American (A) Black American (B) Hispanic American (H) Native American Indian (N)	GENDER <i>(M or F)</i>	HOURLY RATE	FIXED RATE

**SECTION II – SIGNATURES**

SUBMITTED BY <i>(Name and Signature of Expert or LSS Provider or Authorized Representative)</i>	TITLE	DATE SIGNED <i>(MM/DD/YYYY)</i>
FDIC DELEGATED APPROVING OFFICIAL <i>(Please print or type)</i>	TITLE	DATE SIGNED <i>(MM/DD/YYYY)</i>
SIGNATURE OF FDIC DELEGATED APPROVING OFFICIAL	LEGAL DIVISION OR OFFICE	EFFECTIVE DATE <i>(MM/DD/YYYY)</i>

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