

Federal Deposit Insurance Corporation
LEGAL SERVICES AGREEMENT (LSA)
AMENDMENT

LSA EFFECTIVE DATE (MM/DD/YYYY)

____/____/____

SECTION I – LEGAL SERVICES PROVIDER INFORMATION

NAME OF LAW FIRM

FEDERAL TAX IDENTIFICATION NUMBER

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

SECTION II – AMENDED INFORMATION *(Please make appropriate changes to Firm Name, Address, Telephone Number, Fax Number, and Contact Attorney.)*

NAME OF LAW FIRM

FEDERAL TAX IDENTIFICATION NUMBER *(Structural changes that result in a new tax ID number may require a new application and a new LSA, see Outside Counsel Deskbook.)*

ADDRESS

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

NAME OF CONTACT ATTORNEY

NEW TELEPHONE NUMBER *(Include Area Code)*

FAX NUMBER *(Include Area Code)*

ADD (A) OR DELETE (D)	BILLABLE INDIVIDUAL <i>(First, Middle, Last, Suffix)</i> <i>Alphabetical Order</i>	STATE LICENSES	POSITION Partner (P) Associate (A) Paraprofessional (PP) Specify Other Position (O)	YEARS IN PRACTICE	MINORITY STATUS Asian American (A) Black American (B) Hispanic American (H) Native American Indian (N)	GENDER <i>(M or F)</i>	STANDARD RATE	PERCENT % DISCOUNT	PROPOSED FDIC RATE

SECTION III – SIGNATURES

SUBMITTED BY *(Name and Signature of Firm's Authorized Representative)*

TITLE

DATE SIGNED (MM/DD/YYYY)

FDIC DELEGATED APPROVING OFFICIAL *(Print legibly or type)*

TITLE

DATE SIGNED (MM/DD/YYYY)

SIGNATURE OF FDIC DELEGATED APPROVING OFFICIAL

LEGAL DIVISION OR OFFICE

EFFECTIVE DATE (MM/DD/YYYY)

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