

Federal Deposit Insurance Corporation  
**LEGAL SERVICES AGREEMENT (LSA)  
 AMENDMENT**

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

/ /

**SECTION I – OUTSIDE COUNSEL INFORMATION**

NAME OF LAW FIRM

FEDERAL TAX IDENTIFICATION NUMBER

BRANCH/OFFICE LOCATION (Each office of a multiple office firm must complete a separate E-billing Amendment form.)

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

NAME OF LAW FIRM

FEDERAL TAX IDENTIFICATION NUMBER (Structural changes that result in a new Tax ID Number may require a new Legal Services Agreement application; see E-billing Deskbook.)

ADDRESS

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

NAME OF CONTACT ATTORNEY

TELEPHONE NUMBER (include Area Code)

FAX NUMBER (include Area Code)

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A (ADD) OR D (DELETE)	BILLABLE INDIVIDUAL (First Middle Last) Alphabetical Order by Last	TIMEKEEPER ID	STATE LICENSES	POSITION	YEARS IN PRACTICE	MINORITY STATUS	GENDER (M or F)	STANDARD RATE	PERCENT (%) DISCOUNT	PROPOSED FDIC RATE
				P (Partner) A (Associate) PP (Paraprofessional) O (Other) - specify		A (Asian American) B (Black American) H (Hispanic American) N (Native American)				

**SECTION III - SIGNATURES**

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

TITLE

DATE SIGNED (MM/DD/YYYY)

/ /

NAME OF FDIC DELEGATED APPROVING OFFICIAL (Please 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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