

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) () - ()

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)

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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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