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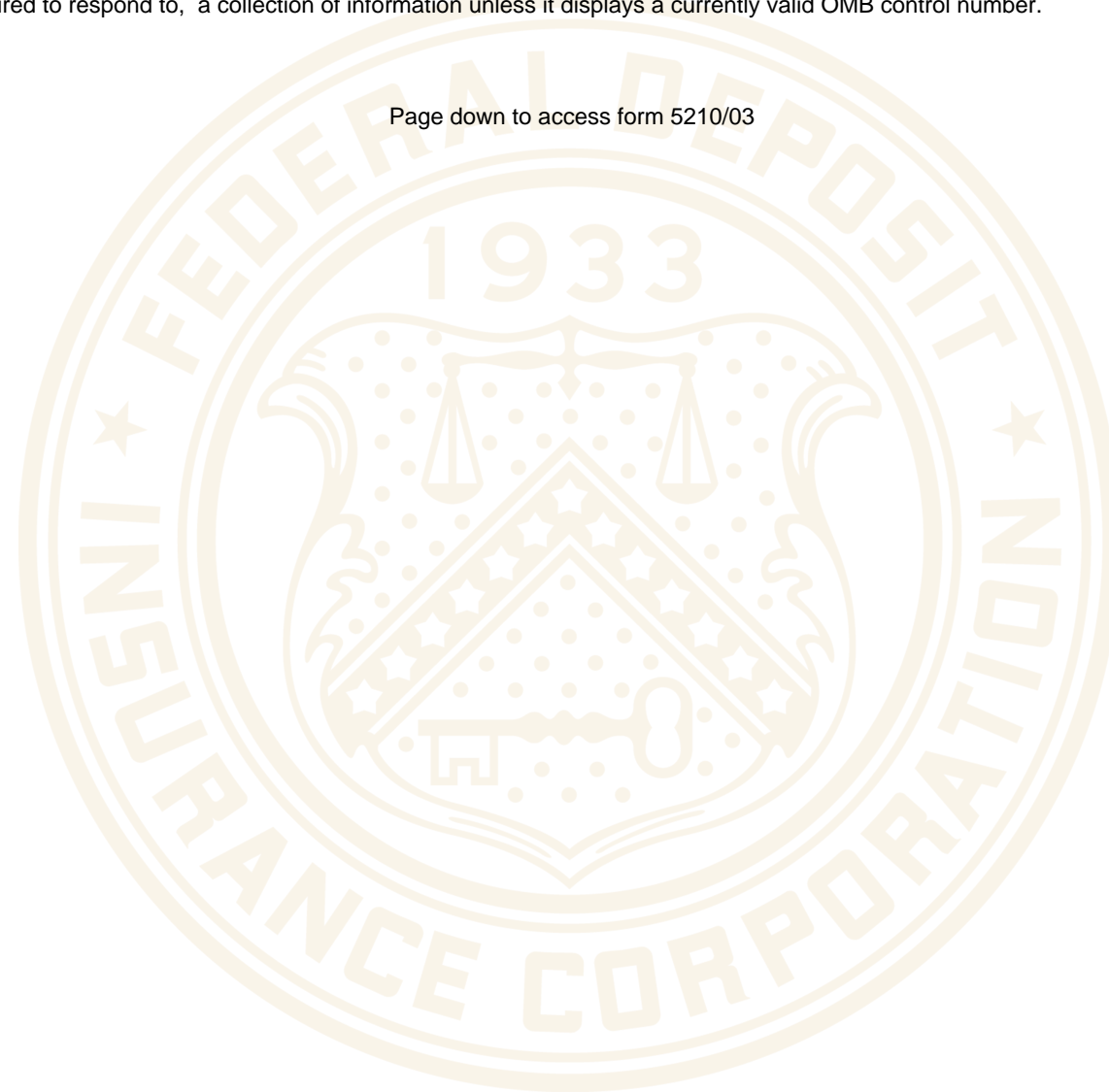
Federal Deposit Insurance Corporation  
**AGREEMENT FOR SERVICES**  
**(EXPERT/LEGAL SUPPORT SERVICES (LSS) PROVIDER)**  
**AMENDMENT**

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**PAPERWORK REDUCTION ACT**

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

**INSTRUCTIONS:** Please provide all information requested.

Agreement for Services Effective Date

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

1. Name of Expert or Legal Support Services Provider

2. Federal Tax Identification Number

3. Branch/Office Location (*Each office of a multiple office firm/business must complete a separate rate schedule.*)

4. Address (*Street, City, State, ZIP Code*)

5. Email

6. Name of Contact Person

7. Telephone

8. Fax Number

**SECTION II - BILLING**

9. Complete the following

Add or Delete	Billable Individual ( <i>First, Middle, Last</i> ) Alphabetical Order	Timekeeper ID	Title	Minority Status	Gender	Hourly Rate	Fixed Rate

Add or Delete	Billable Individual <i>(First, Middle, Last)</i> Alphabetical Order	Timekeeper ID	Title	Minority Status	Gender	Hourly Rate	Fixed Rate

**SECTION III - EXPERT, LSS PROVIDER, OR AUTHORIZED REPRESENTATIVE**

10. Name	11. Title	12. Signature	13. Date
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**SECTION IV - FDIC DELEGATED APPROVING OFFICIAL**

14. Name	15. Title	16. Legal Division or Office	
17. Signature		18. Date	