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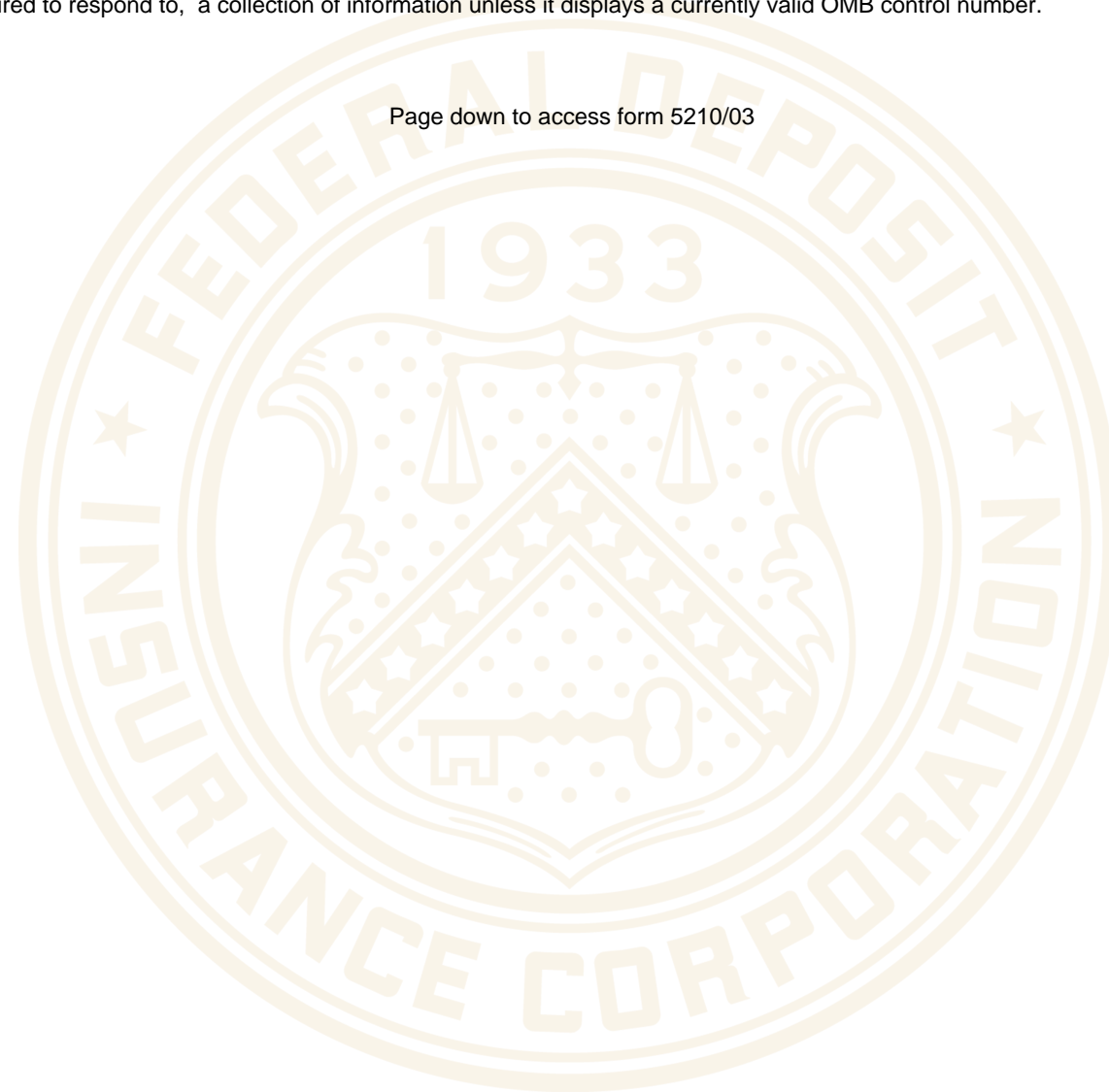
Federal Deposit Insurance Corporation  
**AGREEMENT FOR SERVICES**  
**(EXPERT/LEGAL SUPPORT SERVICES (LSS) PROVIDER)**  
**AMENDMENT**

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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 (First, Middle, Last) 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	