

**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) / /

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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