

Agreement to Pay Examination Fee

Date: _____

Subject: Application

CAIS Control Number: _____

Institution Name: _____

Institution Address: _____

Taxpayer Identification No: _____

Contact Person: _____

Contact Phone Number: _____

- You may conduct the examination. We agree to pay the Office of the Comptroller of the Currency (OCC) those fees charged for any examination or investigation made in connection with the (*insert type of filing*) application. These fees are payable notwithstanding the nature of final action taken on the application by the OCC or the applicant's subsequent withdrawal or abandonment of the application. These fees will be due within two weeks of the applicant's receipt of the OCC's invoice.

- We do not agree to pay the examination or investigation fees in connection with the application. This is our official request to withdraw the (*insert type of filing*) application referenced above.

I have been authorized by the institution and its board of directors to commit to the item selected above.

Signature

Typed Name

Position

For OCC use only: Actual number of hours to bill for conversion examination ____.