

Federal Deposit Insurance Corporation
**OUTSIDE COUNSEL LEGAL SERVICES AGREEMENT
E-BILLING RATE SCHEDULE**

LEGAL SERVICES AGREEMENT
EFFECTIVE DATE (MM/DD/YYYY)

INSTRUCTIONS: Each office of a multiple office firm must complete a separate Outside Counsel Legal Services Agreement E-billing Rate Schedule (E-billing Rate Schedule). All amendments to this E-billing Rate Schedule, i.e., firm's name, Tax Identification Number, address, contact attorney, telephone/fax numbers, billable individuals, or additions/deletions, must contain the information shown on the Legal Services Agreement E-billing Amendment form (E-billing Amendment form). Contact the Legal Financial Specialist responsible for processing your firm's invoices, or dial 1-800-846-1901, to request copies of the E-billing Amendment form, or download the form from the FDIC website at [http://www.fdic.gov/formsdocuments/5210-06\(E\).doc](http://www.fdic.gov/formsdocuments/5210-06(E).doc). **NOTE:** Use the mouse or tab key to move to the next field. Attach continuation sheets if necessary.

SECTION I – OUTSIDE COUNSEL INFORMATION

NAME OF LAW FIRM _____ FEDERAL TAX IDENTIFICATION NUMBER _____

BRANCH/OFFICE LOCATION _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ E-MAIL ADDRESS _____

NAME OF CONTACT ATTORNEY _____ PHONE NUMBER (include Area Code) _____ FAX NUMBER (include Area Code) _____

BILLABLE INDIVIDUAL (First Middle Last) Alphabetical Order	BILLER'S INITIALS	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 II - 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) _____

PAPERWORK REDUCTION ACT NOTICE: Public reporting for this collection of information is estimated to average 1.0 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Paperwork Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th Street, N.W., Washington, DC 20429; and to the Office of Management and Budget, Paperwork Reduction Project (3064-0122), Washington, DC 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.