

Federal Deposit Insurance Corporation
AGREEMENT FOR SERVICES
(EXPERT/LEGAL SUPPORT SERVICES (LSS) PROVIDER)
RATE SCHEDULE

AGREEMENT FOR SERVICES
 EFFECTIVE DATE (MM/DD/YYYY)
 ____ / ____ / ____

NOTE: If additional space is needed, complete and attach form FDIC 5210/04A, Agreement For Services (Expert/Legal Support Services (LSS) Provider) Rate Schedule Continuation Sheet. All amendments to this Agreement For Services (Expert/Legal Support Services (LSS) Provider) Rate Schedule (i.e.: Name, Tax ID#, Address, Contact Person, Phone/Fax Number, Billable Individual, Additions/Deletions) must be shown on the Agreement for Services (Expert/Legal Support Services (LSS) Amendment (form FDIC 5210/03).

SECTION I – EXPERT/LEGAL SUPPORT SERVICES PROVIDER INFORMATION

NAME OF EXPERT OR LEGAL SUPPORT SERVICES PROVIDER	FEDERAL TAX IDENTIFICATION NUMBER
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BRANCH/OFFICE LOCATION *(Each office of a multiple office firm/business must complete a separate Rate Schedule.)*

ADDRESS	CITY	STATE	ZIP CODE	E-MAIL ADDRESS
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NAME OF CONTACT PERSON	PHONE NUMBER <i>(Include Area Code)</i>	FAX NUMBER <i>(Include Area Code)</i>
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BILLABLE INDIVIDUAL <i>(First, Middle, Last, Suffix)</i> <i>Alphabetical Order</i>	TITLE	MINORITY STATUS Asian American (A) Black American (B) Hispanic American (H) Native American Indian (N)	GENDER <i>(M or F)</i>	HOURLY RATE	FIXED RATE

SECTION II – SIGNATURES

SUBMITTED BY <i>(Name and Signature of Expert/LSS Provider Authorized Representative) (Please sign)</i>	TITLE	DATE SIGNED (MM/DD/YYYY)
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NAME OF FDIC DELEGATED APPROVING OFFICIAL	TITLE	DATE SIGNED (MM/DD/YYYY)
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SIGNATURE OF FDIC DELEGATED APPROVING OFFICIAL	LEGAL DIVISION OR OFFICE	EFFECTIVE DATE (MM/DD/YYYY)
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