

Federal Deposit Insurance Corporation  
**NOTIFICATION OF PERFORMANCE OF BANK SERVICES**

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Page down to access form 6120/06

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**SECTION I - FINANCIAL INSTITUTION INFORMATION**

1. Financial Institution Name

2. Financial Institution Address (*Street, City, State, ZIP Code*)

**SECTION II - REGIONAL DIRECTOR INFORMATION**

3. Regional Director Name

4. Regional Director Mailing Address (*Street, City, State, ZIP Code*)

**NOTE: Mail to the appropriate Regional Director (DCP) for your institution.**

**SECTION III - BANK SERVICES**

In compliance with the requirement of the Bank Service Company Act, we hereby notify the Federal Deposit Insurance Corporation of bank services provided by the servicer reported below.

5. Corporation Title of Servicer

6. Servicer's Corporate Headquarters Address (*Street, City, State, ZIP Code*)

7. Location of Premises Where Services Are Performed

8. Name of Managing Officer At Processing Location

9. Processing Location Telephone

10. Name of Principal Contact At Center (*If other than Managing Officer*)

11. Principal Contact Telephone

12. Application(s) Processed and Services Performed (*Indicate both present and planned services.*)

**SECTION IV - AUTHORIZED OFFICER SIGNATURE**

13. Title of Officer Authorized To Sign Notification

14. Telephone

15. Signature of Authorized Officer

16. Date