STATE OF WISCONSIN Department of Financial Institutions



Division of Banking PO Box 7876 Madison, WI 53707-7876 Telephone: (608) 261-7578 Fax: (608) 267-6889 TTY: 711 **dfi.wi.gov**

EXAMINATION AGREEMENT

In accordance with the applicable statutes and regulations,

Name of Bank or Trust Company	City	State
and the		
Servicing Agency	City	State

both agree to allow the Division of Banking of the State of Wisconsin full and complete access to all records of the Bank or Trust Company maintained by the Servicing Agency. The Bank or Trust Company and the Servicing Agency recognize and agree that the performance of the Data Processing Services referred to below and any future such services is, and will be, subject to regulation and examination by the Division of Banking, Department of Financial Institutions of the State of Wisconsin, to the same extent as if the services were being performed by the Bank or Trust Company itself on its own premises.

Services to be performed:

In Witness Whereof, the Bank or Trust Company and the Servicing Agency have caused this agreement to be signed by their authorized officers on this the _____ day of _____, 20____.

Bank or Trust Company	Servicing Agency
Signature	Signature
Title	Title

This document can be made available in alternate formats upon request to qualifying individuals with disabilities. This application is a public record and is available to the public upon request. Personally identifiable information may be shared with other State or Government Agencies.