

FSA-441-18 U.S. DEPARTMENT OF AGRICULTURE (05-29-02) Farm Service Agency <p style="text-align: center;">CONSENT TO PAYMENT OF PROCEEDS FROM SALE OF PRODUCTS</p>	1. COUNTY FSA OFFICE NAME AND ADDRESS (Including ZIP Code) Telephone Number (Including area code)
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NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a): the Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act, as amended (7 USC 1921 et seq.) , or other Acts, and the regulations promulgated thereunder, to solicit the information requested on its application forms. The information requested is necessary for FSA to determine eligibility for credit or other financial assistance, service your loan, and conduct statistical analyses. Supplied information may be furnished to other Department of Agriculture agencies, the Internal Revenue Service, the Department of Justice or other law enforcement agencies, the Department of Defense, the Department of Housing and Urban Development, the Department of Labor, the United States Postal Service, or other Federal, State, or local agencies as required or permitted by law. In addition, information may be referred to interested parties under the Freedom of Information Act (FOIA), to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, to collection or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chattel or crops or sell them for commission, to Members of Congress or Congressional staff members, or to courts or adjudicative bodies. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of an application or its rejection.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0162. The time required to complete this information collection is estimated to average 10 minutes 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.

RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

PART A - SELLER (BORROWER) CONSENT

2. SELLER'S (BORROWER) NAME AND ADDRESS (Including ZIP Code) Telephone Number (Including area code)	3. *PURCHASER'S NAME AND ADDRESS (Including ZIP Code) Telephone Number (Including area code)
4. EFFECTIVE DATE OF THIS CONSENT (MM-DD-YYYY)	5. PRODUCT NAME(S)

6. The United States of America, acting through the Farm Service Agency (FSA), or its successor agency, holds a **perfected security interest** in the above named **product(s)** and in the **proceeds** thereof, which security interest shall remain in full force and effect. However, until the Purchaser is otherwise notified in writing by FSA, such security interest in any such products sold to, by, or through the Purchaser will be satisfied only upon payment therefor by the Purchaser to FSA: (Check applicable block).

(a) \$ _____ of the purchase price or the full purchase price if less than that amount, or

(b) _____ % of the purchase price figured to the nearest dollar, payable in either case (c) _____
(Weekly, Bi-Weekly, or Monthly)

7. If the payment to FSA is made by check, draft or money order, it will be made payable and mailed or delivered as instructed below: (Check applicable box.)

(a) To the order of Farm Service Agency: _____
(Address, including ZIP Code)

(b) To the order of: (Name of Bank): _____
(Name and address including ZIP Code)

(c) Jointly to the order of the Borrower and Farm Service Agency and mailed or delivered to FSA: _____
(Address, including ZIP Code)

This consent supersedes any previous consent from FSA or assignment to FSA by Borrower regarding such payments. The Borrower authorizes and directs the Purchaser to make payment as provided for herein.

8A. BORROWER'S SIGNATURE	8B. DATE (MM-DD-YYYY)
9A. FSA AUTHORIZED SIGNATURE	9B. TITLE
9C. DATE (MM-DD-YYYY)	

PART B - ACCEPTANCE BY PURCHASER*

Receipt is acknowledged of the original of the above consent and the undersigned Purchaser hereby agrees to make payments in accordance therewith.

10A. SIGNATURE OF DULY AUTHORIZED OFFICER FOR THE PURCHASER	10B. TITLE OF PURCHASER	10C. DATE SIGNED (MM-DD-YYYY)
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* "Purchaser" as used in this form includes Consignee or Marketing Agent.

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