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Form Approved - OMB No. 0560-0162

FSA-441-8 U.S. DEPARTMENT OF AGRICULTURE (12-15-04) Farm Service Agency ASSIGNMENT OF PROCEEDS FROM THE SALE OF PRODUCTS (See Page 2 for Privacy Act and Public Burden Statements.)	1A. County FSA Office Name and Address (Including Zip Code)
	1B. County FSA Telephone Number (Including Area Code)

PART A - SELLER AGREEMENT

2A. Seller's Name and Address (Including Zip Code)	3A. Purchaser's Name and Address (Including Zip Code)
2B. Seller's Telephone Number (Including Area Code)	3B. Purchaser's Telephone Number (Including Area Code)
2C. Seller's County of Residence	3C. Kind of Product Purchased
4. Effective Date of Assignment (MM-DD-YYYY)	
5. In consideration of a loan made by the United States of America acting through the Farm Service Agency (FSA), or its successor agency, the Seller assigns and transfers to FSA the following percentages or amounts of the purchase price due or which may become due to the Seller from the Purchaser for the above-named product(s) sold or which may be sold to, by, or through Purchaser: (Check applicable box:)	
<input type="checkbox"/> (a)(1) _____ percent payable (a)(2) _____ (Monthly, Bimonthly or Other)	
<input type="checkbox"/> (b)(1) \$ _____ payable (b)(2) _____ (Monthly, Bimonthly or Other)	
<input type="checkbox"/> All proceeds from sale in excess of (c)(1) \$ _____ payable (c)(2) _____ (Monthly, Bimonthly or Other)	
until the FSA releases or suspends this assignment in writing, giving notice of that action to Purchaser. This assignment supersedes any previous assignment to FSA of income due to the Seller from the above-named Purchaser.	

6. Authorizing Statement:

By signing below in Item 6A, the seller directs and authorizes the purchaser to make and deliver payments.

6A. Signature of Seller	6B. Date (MM-DD-YYYY)
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PART B - ACCEPTANCE BY PURCHASER

7. The undersigned (company or association, by and through its duly authorized officer) consents to and accepts the above assignment and agrees to remit to FSA the sums of money provided in the assignment, when due and payable under it. This assignment will be given priority over any subsequent assignments granted to other lenders. Payments will be identified by the name and address of seller or as otherwise agreed. If payment is made by check, the check will be payable and delivered as instructed below: (Check applicable box:)		
<input type="checkbox"/> (a) To the order of the Farm Service Agency (see Item 1A above.)		
<input type="checkbox"/> (b) Jointly to the order of the seller and the Farm Service Agency (see Item 1A above.)		
<input type="checkbox"/> (c) To the order of: (Name and Address of Bank) _____ _____ _____		
8A. Signature of Purchaser or Duly Authorized Officer	8B. Title of Purchaser or Duly Authorized Officer	8C. Date (MM-DD-YYYY)

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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.***