

Used to obtain assignment of agriculture income from sellers as repayment on FSA loans.

<i>Position 1</i>		<small>Form Approved - OMB No. 0560-0162</small>
This form is available electronically. FSA-441-8 U.S. DEPARTMENT OF AGRICULTURE (12-15-04) Farm Service Agency		1A. County FSA Office Name and Address (Including Zip Code)
ASSIGNMENT OF PROCEEDS FROM THE SALE OF PRODUCTS		1B. County FSA Telephone Number (Including Area Code)
<small>(See Page 2 for Privacy Act and Public Burden Statements.)</small>		
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) _____ <small>(Monthly, Bimonthly or Other)</small>		
<input type="checkbox"/> (b)(1) \$ _____ payable (b)(2) _____ <small>(Monthly, Bimonthly or Other)</small>		
<input type="checkbox"/> All proceeds from sale in excess of (c)(1) \$ _____ payable (c)(2) _____ <small>(Monthly, Bimonthly or Other)</small>		
<small>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.</small>		
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)
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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(SEE REVERSE)

- PROCEDURE FOR PREPARATION : FSA Transferred Instruction 1941-A, FSA Handbook 3-FLP.
- PREPARED BY : Agency Official.
- NUMBER OF COPIES : Original and two copies.
- SIGNATURE REQUIRED : Purchaser and the Seller.
- DISTRIBUTION OF COPIES : Original in the County Office; copy to the Purchaser and Seller.

INSTRUCTIONS FOR PREPARATION

Items 1A and 1B are for FSA use only.

Fld Name / Item No.	Instruction
1A County FSA Office Name and Address	Enter County FSA Office name and address <i>(Including Zip Code)</i> .
1B County FSA Telephone Number	Enter County FSA telephone number <i>(Including Area Code)</i> .

Items 2A through 6B are completed by the Seller.

Fld Name / Item No.	Instruction
2A Seller's Name and Address	Enter seller's name and address <i>(Including Zip Code)</i> .
2B Seller's Telephone Number	Enter seller's telephone number <i>(Including Area Code)</i> .
2C Seller's County of Residence	Enter the seller's county of residence.
3A Purchaser's Name and Address	Enter purchaser's name and address <i>(Including Zip Code)</i> .
3B Purchaser's Telephone Number	Enter the purchaser's telephone number <i>(Including Area Code)</i> .
3C Kind of Product Purchased	Enter the kind of product purchased.

Fld Name / Item No.	Instruction
4 Effective Date of Assignment	Enter the effective date of assignment (<i>MM-DD-YYYY</i>).
5(a)(1) Percent of Purchase Price	If the assignment will be a percent of the purchase price enter a checkmark in the box and the percentage of the purchase price to be paid to FSA.
5(a)(2) Payment Schedule	If Item 5(a)(1) was completed, enter the payment schedule such as monthly, bimonthly, or other.
5(b)(1) Purchase Price	If the assignment will be a specific amount of the purchase price enter checkmark in box and the specified amount to be paid to FSA.
5(b)(2) Payment Schedule	If Item 5(b)(1) was completed, enter the payment schedule such as monthly, bimonthly, or other.
5(c)(1) Amount of Purchase Price in Excess Payable	If the assignment will be any proceeds in excess of a specified amount to be retained by the seller, enter a checkmark in the box and the dollar amount of sales proceeds to be retained by the seller.
5(c)(2) Payment Schedule	If Item 5(c)(1) was completed, enter the payment schedule such as monthly, bimonthly, or other.
6 Seller Authorizing Statement	The seller must read the authorizing statement.
6A Signature of Seller	Enter the signature of the seller.
6B Date	Enter the date the seller signs this form (<i>MM-DD-YYYY</i>).

Items 7 through 8C are completed by the Purchaser.

Fld Name / Item No.	Instruction
7 Purchaser Statement of Acceptance	The purchaser must read the statement of acceptance.
7(a) To FSA	Enter a checkmark in the box if the payment is made to the order of the Farm Service Agency.
7(b) Jointly To Seller and FSA	Enter a checkmark in the box if the payment is made jointly to the order of the seller and the Farm Service Agency.
7(c) To The Order of The Bank	Enter a checkmark in the box if the payment is made to the order of a bank. Enter the name and address of the bank (<i>Including Zip Code</i>).
8A Signature of Duly Authorized Officer	Enter the signature of the duly authorized officer for the purchaser.
8B Title of Purchaser	Enter the title of the purchaser.
8C Date	Enter the date the purchaser signs this form (<i>MM-DD-YYYY</i>).

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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.**