

Used in Uniform Commercial Code States to obtain an agreement as to the amount of proceeds from sale of farm products to be paid to FSA.

This form is available electronically. Position 1 Form Approved - OMB No. 0560-0162

<p>FSA-441-18 U.S. DEPARTMENT OF AGRICULTURE (12-15-04) Farm Service Agency</p> <p style="text-align: center;">CONSENT TO PAYMENT OF PROCEEDS FROM SALE OF PRODUCTS</p>	<p>1. COUNTY FSA OFFICE NAME AND ADDRESS (Including Zip Code)</p> <p>Telephone Number (Including Area Code)</p>
<p><small>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. Suggested 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 chaff 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.</small></p> <p><small>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.</small></p>	
PART A - SELLER (BORROWER) CONSENT	
<p>2. SELLER/BORROWER NAME AND ADDRESS (Including Zip Code)</p> <p>Telephone Number (Including Area Code)</p>	<p>3. *PURCHASER'S NAME AND ADDRESS (Including Zip Code)</p> <p>Telephone Number (Including Area Code)</p>
<p>4. EFFECTIVE DATE OF THIS CONSENT (MM-DD-YYYY)</p>	<p>5. PRODUCT NAME(S)</p>
<p>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 therefore by the purchaser to FSA. (Check applicable box).</p> <p><input type="checkbox"/> (a) \$ _____ of the purchase price or the full purchase price if less than that amount, or</p> <p><input type="checkbox"/> (b) _____ % of the purchase price figured to the nearest dollar, payable in either case (c) _____ (Monthly, Bimonthly, or Other)</p>	
<p>7. Check, draft or money order will be made payable and mailed or delivered as instructed below: (Check applicable box.)</p> <p><input type="checkbox"/> (a) To the order of the Farm Service Agency and mailed or delivered to the address in Item 1 above.</p> <p><input type="checkbox"/> (b) Jointly to the order of the Borrower and Farm Service Agency and mailed or delivered to the address in Item 1 above.</p> <p><input type="checkbox"/> (c) To the order of (Name, address, and Zip Code of the Bank), and mailed or delivered to the bank address.</p> <p>_____</p> <p>_____</p>	
<p>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.</p>	
<p>8A. SELLER/BORROWER SIGNATURE</p>	<p>8B. DATE (MM-DD-YYYY)</p>
<p>9A. FSA AUTHORIZED SIGNATURE</p>	<p>9B. TITLE</p>
<p>9C. DATE (MM-DD-YYYY)</p>	
PART B - ACCEPTANCE BY PURCHASER*	
<p>Receipt is acknowledged of the original of the above consent and the undersigned Purchaser hereby agrees to make payments in accordance therewith.</p>	
<p>10A. SIGNATURE OF PURCHASER OR DULY AUTHORIZED OFFICER</p>	<p>10B. TITLE OF PURCHASER</p>
<p>10C. DATE (MM-DD-YYYY)</p>	
<p>*"Purchaser" as used in this form includes Consignee or Marketing Agent.</p>	

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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 : Agency Official, Borrower and the Purchaser.
- DISTRIBUTION OF COPIES : Original in the County Office; copy to the Borrower and Purchaser.

INSTRUCTIONS FOR PREPARATION

Borrower must complete Items 2 through 8B. Purchaser must complete Items 10A through 10C.

Item 1 is for FSA use only.

Fld Name / Item No.	Instruction
1 County FSA Office Name, Address, and Telephone Number	Enter County FSA Office name, address, Zip Code, and telephone number including Area Code.

Items 2 through 8B are completed by the Borrower.

Fld Name / Item No.	Instruction
2 Seller or Borrower Name, Address, and Telephone Number	Enter seller or borrower name, address, Zip Code, and telephone number including Area Code.
3 Purchaser's Name, Address, and Telephone Number	Enter purchaser's name, address, and telephone number including Area Code.
4 Effective Date of This Consent	Enter the effective date of this consent or assignment. (MM-DD-YYYY)
5 Names of Product(s) Purchased	Enter the kind of product(s) purchased.

Fld Name / Item No.	Instruction
6(a) Amount of Purchase Price	Enter a dollar portion of the purchase price or the full purchase price if less than that amount.
6(b) Percent of Purchase Price	Enter the percentage of the purchase price figured to the nearest dollar, payable in either case.
6(c) Payment Schedule	Enter the payment schedule as monthly, bimonthly, or other.
7(a) Payment to FSA	Enter a check in the box if payable to the order of the Farm Service Agency.
7(b) Joint Payment	Enter a check in the box if payable jointly to the order of the borrower and the Farm Service Agency.
7(c) Bank Payment	Enter a check in the box if payable to the order of the bank and include the name, address, and Zip Code of the bank.
8A Borrower's Signature	Enter the seller or borrower signature.
8B Date	Enter the date form signed by seller or borrower. (MM-DD-YYYY)

Items 9A through 9C for FSA only.

Fld Name / Item No.	Instruction
9A FSA Authorized Signature	Enter the FSA authorized signature.

Fld Name / Item No.	Instruction
9B Title	Enter the title of the FSA Authorized Agency Official.
9C Date	Enter the date form signed by the FSA Authorized Agency Official. (MM-DD-YYYY)

Items 10A through 10C are completed by the Purchaser.

10A Purchaser or Duly Authorized Officer Signature	Enter the signature of the purchaser or the duly authorized officer.
10B Title of the Purchaser	Enter the title of the purchaser or the duly authorized officer.
10C Date	Enter the date form signed by purchaser or duly authorized officer. (MM-DD-YYYY)