

FSA-2450

(Proposal 2)

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

Position 1

TEMPORARY AMENDMENT OF CONSENT TO PAYMENT OF PROCEEDS FROM SALE OF FARM PRODUCTS

(See Page 2 for the Privacy Act and Paperwork Burden Statements.)

PART A - ACCEPTANCE BY PURCHASER

1A. Purchaser's Name and Address		1B. Purchaser's Telephone Number
1C. Signature of Purchaser	1D. Title of Purchaser	1E. Date Signed

PART B - SELLER (BORROWER)

2A. Seller's (Borrower) Name and Address	2B. Seller's (Borrower) Telephone Number
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PART C - FSA USE ONLY

3. Please refer to FSA-2042, Consent to Payment of Proceeds from Sale of Products (Consent) or FSA-2043, Assignment of Proceeds from the Sale of Dairy Products and Release of Security Interest (Assignment), as applicable, executed by the subject borrower and purchaser also executed by FSA, dated (a) _____ .

FSA agrees that said Consent or Assignment is amended, for a temporary period beginning (b) _____ and ending (c) _____ , to allow payments as follows:

TO FSA: (d) \$ _____ of the purchase price, or
 (e) _____ % of the purchase price figured to the nearest dollar,
 payable (f) _____
(Weekly, Monthly, etc.)

TO Borrower: (g) any remaining balance of the purchase price.

After the end of such temporary period, payments will again be subject the Consent or Assignment referred to in Item 3 above of this amendment.

4A. FSA County Office Name and Address		4B. FSA County Office Telephone Number
4C. Signature of Agency Official	4D. Title of Agency Official	4E. Date Signed

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*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-XXXX. 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.***