

CONSENT TO PAYMENT OF PROCEEDS FROM SALE OF PRODUCTS

INSTRUCTIONS FOR PREPARATION

Purpose: This form is 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.	
Handbook Reference: 3-FLP, 4-FLP	Number of Copies: Original and Two.
Signatures Required: Agency Official, Seller/Borrower and Purchaser.	
Distribution of Copies: Original to Case File, copies to Seller/Borrower and Purchaser.	
Automation-Related Transactions: (Instructions for writers: provide only the information required, i.e. ADPS TC 3K. If no automation actions are required, insert N/A) N/A	

Seller/Borrower must complete Parts A and B. Purchaser must complete Part C and Part D is completed by FSA.

Part A, Items 1 through 6

Fld Name / Item No.	Instruction
1 Name and Address of Seller	Enter seller's name and address.
2 Seller's Telephone Number	Enter the seller's telephone number.
3 Name and Address of Purchaser	Enter purchaser's name and address.
4 Purchaser's Telephone Number	Enter the purchaser's telephone number.
5 Effective Date of Consent	Enter the effective date of this consent.
6 Product(s) Purchased	Enter the kind of products purchased.

Fld Name / Item No.	Instruction
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Part B, Items 1 through 2(b).

1(a) Percent of Purchase Price	Enter a checkmark in the checkbox and enter the percent of the purchase price payable, figured to the nearest dollar.
1(b) Payment Schedule	Enter the payment schedule as monthly, bimonthly, or other.
1(c) Amount of Purchase Price	Enter a checkmark in the checkbox and enter the dollar amount of the purchase price or the full purchase price if less than that amount.
1(d) Payment Schedule	Enter the payment schedule as monthly, bimonthly, or other.
1(e) Excess Proceeds	Enter a checkmark in the checkbox and enter the dollar amount of the excess proceeds from the sale.
1(f) Payment Schedule	Enter the payment schedule as monthly, bimonthly, or other.
2 Authorization	Please read.
3(a) Signature	Enter the seller's signature.
3(b) Date	Enter date form is signed by the seller.

Part C, Items 1 through 5

1(a) Payment to FSA	Enter a checkmark in the checkbox for payments to be made to the order of the Farm Service Agency.
1(b) Joint Payment	Enter a checkmark in the checkbox for payments to be made jointly to the order of the seller and the Farm Service Agency.
1(c) Payment to other	Enter a checkmark in the checkbox for payments to be made to the order of other creditor and include name, address, and zip code.
2 Name of Purchaser	Enter the name of the purchaser's duly authorized officer.
3 Title	Enter the title of the purchaser's duly authorized officer.
4 Signature	Enter the signature of the purchaser's duly authorized officer.
5 Date	Enter the date the purchaser's duly authorized offer signed the form.

Fld Name / Item No.	Instruction
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Part D – 1 through 6 (Completed by FSA)

1 Name	Enter the name of the Agency Official.
2 Title	Enter the title of the Agency Official.
3 Signature	Enter the signature of the Agency Official.
4 Date	Enter the date the Agency Official signs the form.
5 Address FSA	Enter the address of the FSA Office.
6 Telephone Number	Enter the telephone number of the Agency Official.