

**FSA-2027**  
(12-31-07)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

Position 2

**SUPPLEMENTAL PAYMENT AGREEMENT**

I/We (1) \_\_\_\_\_

"(Borrower") am/are indebted for a loan made by the United States, acting through the U.S. Department of Agriculture, Farm Service Agency ("Government"), as evidenced by the note or other debt instrument as listed below:

2A. Principal Amount	2B. Date of Instrument	2A. Principal Amount	2B. Date of Instrument
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	

Borrower desires to pay such indebtedness by a supplemental plan of payments, and hereby, agrees with the Government for good and valuable consideration, receipt of which is hereby acknowledged.

Borrower agrees to pay (3A)  in lieu of or (3B)  in addition to, the installments specified on the notes, payments as follows:

4. Beginning on (4A) \_\_\_\_\_ and ending on (4B) \_\_\_\_\_, the amount of (4C) \_\_\_\_\_ (dollars) per (4D) \_\_\_\_\_; or

5. The amount as specified in the following table:

(A) Date	(B) Amount	(A) Date	(B) Amount	(A) Date	(B) Amount
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$

*The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.*

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

Nothing herein shall be construed as affecting any of the terms or conditions of the notes or the instrument securing them, other than the payment schedule.

Failure to comply with the terms or conditions of this agreement will be considered a default, and the Government at its option, may declare the entire indebtedness of the notes immediately due and payable.

6A. Borrower's Name	6B. Signature	6C. Date
7A. Borrower's Name	7B. Signature	7C. Date
8A. Borrower's Name	8B. Signature	8C. Date
9A. Borrower's Name	9B. Signature	9C. Date

This agreement may be canceled or amended at any time by mutual agreement in writing between the borrower and the Government.

**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 the 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, 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 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 0560-0237. The time required to complete this information collection is estimated to average 15 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 THE FSA COUNTY OFFICE.*

Initial: \_\_\_\_\_