

ASSIGNMENT OF PROCEEDS FROM THE SALE OF DAIRY PRODUCTS AND RELEASE OF SECURITY INTEREST

INSTRUCTIONS FOR PREPARATION

<b>Purpose:</b> This form is used to authorize FSA to take an assignment on the Seller/Borrower proceeds from the sale of dairy products when FSA has a security interest under UCC.	
<b>Handbook Reference:</b> 3-FLP, 4-FLP	<b>Number of Copies:</b> Original and Two
<b>Signatures Required:</b> Original and copies signed by Purchaser, Seller/Borrower, and Agency Official	
<b>Distribution of Copies:</b> Original to the Agency, copies to Seller/Borrower and Purchaser	
<b>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</b>	

**Seller completes Parts A and B, Purchaser completes Part C and FSA must complete Part D.**

Part A – Items 1 through 6 completed by the Seller.

Field Name/ Item No.	Instruction
1 Seller Name and Address	Enter the seller's name and address.
2 Seller's Telephone Number	Enter the seller's telephone number.
3 Purchaser's Name and Address	Enter the purchaser's name and address.
4 Purchaser's Telephone Number	Enter the purchaser's telephone number.

Field Name/ Item No.	Instruction
5 Effective Date of Assignment	Enter the effective date of this assignment. This is the date that the assignment will begin.
6 Patron Account No.	Enter the seller's Patron Number as assigned by the purchaser.

***Part B – Items 1 through 3 completed by the Seller.***

1(a) Percent of Purchase Price	Enter a checkmark in the box and the percent of the purchase price assigned to FSA.
1(b) Payment Schedule	Enter the payment schedule, monthly, bi-monthly or other.
1(c) Purchase Price	Enter a checkmark in the box and the specific dollar amount of the purchase assigned to FSA.
1(d) Payment Schedule	Enter the payment schedule, monthly, bi-monthly or other.
1(e) Amount of Purchase Price	Enter a checkmark in the box and the specified dollar amount to be retained by the seller. Any proceeds in excess of the specified amount to be assigned to FSA.
1(f) Payment Schedule	Enter the payment schedule, monthly, bi-monthly or other.
2 Special Instructions	Enter any special instructions or explanations, if applicable.
3 Authorization	Please read.
3(a) Signature	Enter the Seller's signature.
3(b) Date	Enter the date the seller signed this form.

***Part C – Items 1(a) through 7 completed by the Purchaser.***

1(a) To FSA	Enter a checkmark in the box if the payment is payable to the order of Farm Service Agency.
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Field Name/ Item No.	Instruction
1(b) Jointly to Seller, and FSA	Enter a checkmark in the box if the payment is payable jointly to the seller and FSA.
1(c) To Creditor	Enter a checkmark in the box if the payment is made payable to other creditor and enter the creditor's name and address.
2 Deduction codes	Read the deduction code explanation to enter in Item 3(e).
3 Date Assignment Accepted	Enter the date the purchaser accepts has accepted assignments of income due the seller.
3(a) Purchaser's Name	Enter the name of the purchaser.
3(b) Purchaser's Address	Enter the address of the purchaser.
3(c) Amount of Deduction	Enter the dollar amount of the deduction as described in Item 2 above.
3(d) Date of Assignment or Prior Claim	Enter the effective date when the purchaser accepted any prior assignment or claim.
3(e) Deduction Priority Code	Enter the deduction priority code (for explanation of deduction priority codes see Item 2, Part C).
4 Name of Purchaser's	Enter name of the purchaser's authorized representative.
5 Title	Enter the title of the purchaser's authorized representative.
6 Signature	Enter the purchaser's authorized representative's signature.
7 Date	Enter the date the form is signed.

Field Name/ Item No.	Instruction
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**Part D – Items 1 through 6 (Completed by the FSA Agency Official)**

1 Read	Read “Release of Security Interest” Statement.
2 Name of Agency Official	Enter the name of the Agency Official releasing any lien or security interest.
3 Title of Agency Official	Enter the title of the Agency Official.
4 Date	Enter the date the Agency Official signs this form.
5 Signature	Enter the signature of the Agency Official.
6 FSA Agency Address	Enter the mailing address of the FSA Office processing this assignment.