

FSA-2042
 (12.31.7)

U.S. DEPARTMENT OF AGRICULTURE
 Farm Service Agency

Position 1

CONSENT TO PAYMENT OF PROCEEDS FROM SALE OF PRODUCTS

PART A - GENERAL

| | |
|-------------------------------|----------------------------------|
| 1. Name and Address of Seller | 3. Name and Address of Purchaser |
| 2. Seller's Telephone Number | 4. Purchaser's Telephone Number |
| 5. Effective Date of Consent | 6. Products Purchased |

PART B – SELLER AGREEMENT

1. The United States, acting through the U.S. Department of Agriculture, Farm Service Agency (FSA), holds a perfected security interest in the above named products, 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 product sold to, by, or through the Purchaser will be satisfied only upon payment, therefore, by the Purchaser to FSA:

(a) _____ percent of the purchase price figured to the nearest dollar, payable (b) _____

(c) \$ _____ of the purchase price or the full purchase price if less than that amount payable (d) _____

all proceeds from sales in excess of (e) \$ _____ payable (f) _____ until FSA releases or suspends this assignment in writing, giving notice of that action to Purchaser.

2. This consent supersedes any previous consent from FSA or assignment to FSA by the Seller regarding such payments.

| | |
|-------------------------|----------|
| 3A. Signature of Seller | 3B. Date |
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PART C – PURCHASER ACCEPTANCE

1. The undersigned consents to the above and agrees to remit the sum of money provided above, when due and payable. If payment is made by check, the check will be payable and delivered as provided below:

(a) To the order of the Farm Service Agency

(b) Jointly to the order of the Seller and the Farm Service Agency

(c) To the order of _____

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|--|----------|
| 2. Name of Purchaser's Duly Authorized Officer for Purchaser | 3. Title |
| 4. Signature | 5. Date |

| PART D – FSA USE | |
|----------------------------|---------------------|
| 1. Name of Agency Official | 2. Title |
| 3. Signature | 4. Date |
| 5. Address of FSA Office | 6. Telephone Number |

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. 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 (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 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 your 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 20 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.***

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