

**FSA-2520**  
(12-31-07)

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

Position 4

**ACCEPTANCE OF PRIMARY LOAN SERVICING**

FOR BORROWERS WHO RECEIVED  
FORM FSA-2512 AND APPLIED FOR SERVICING

**TO: Farm Service Agency**  
**[FSA Office Name/Address]**  
**[Office Address]**  
**[City, State, Zip Code]**

I have received and read your offer to restructure my Farm Service Agency (FSA) Farm Loan Programs (FLP) debt.  
*[Insert the applicable paragraphs, selecting either of the paragraphs numbered 1 and including paragraph 2 only if there are nonessential assets.]*

1. I accept FSA's offer of Primary Loan Servicing. I understand that while I have up to 45 days of receiving Form FSA-2519 to accept this offer, this is **not** my final notice of loan servicing options. If I do not accept this offer, my account becomes 90 days past due, or I am found to be in default on my loan agreements before the restructure is completed, I will be notified of all the loan servicing options again.

**OR**

1. I accept FSA's offer of Primary Loan Servicing as follows. I understand that while I have up to 45 days of receiving Form FSA-2519 to accept this offer, this is **not** my final notice of loan servicing options. If I do not accept this offer, my account becomes 90 days past due, or I am found to be in default on my loan agreements before the restructure is completed, I will be notified of all the loan servicing options again in the future. I want FSA to restructure my debts:

A. **With** a write down giving me a higher cash flow margin than without a write down.

B. **Without** a write down giving me a lower cash flow margin than if I would take the write down.

2. I intend to pay FSA the net recovery value of any nonessential assets that FSA has said I own. I understand that I must pay the net recovery value of the nonessential assets within 45 days of receiving Form FSA-2519.

*(End of Optional Paragraphs)*

*This form must be signed by all parties (entity and individual) that executed the promissory note(s) or assumption agreement(s) and have not previously been released of liability for the debt. All parties may either sign one form or duplicates of the form, but all must sign.*

3A. Borrower's Name	3B. Signature	3C. Date
4A. Borrower's Name	4B. Signature	4C. Date
5A. Borrower's Name	5B. Signature	5C. Date
6A. Borrower's Name	6B. Signature	6C. Date

**Note:** *The following statement 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, (7 USC 1921 et seq), and the regulations promulgated thereunder, to solicit the information requested on this form. The information requested is necessary for FSA to determine eligibility for financial assistance, service your loan, and conduct statistical analyses. Supplied information may be furnished to other Department of Agriculture agencies, the Department of the Treasury, 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 this form 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 0560-0233. The time required to complete this information collection is estimated to average 30 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 LOCAL FSA OFFICE.***