

**FSA-2041**  
(02-12-08)

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

Position 1

**ASSIGNMENT OF PROCEEDS FROM THE SALE OF PRODUCTS**

**PART A - GENERAL**

1. Name and Address of Seller	2. Name and Address of Purchaser
3. Seller's Telephone Number	4. Purchaser's Telephone Number
5. Effective Date of Assignment	6. Product

**PART B – SELLER AGREEMENT**

1. In consideration of a loan made by the United States, acting through the U.S. Department of Agriculture, Farm Service Agency (FSA), the seller assigns and transfers to FSA the following percentages or amounts of the purchase price due, or which may become due, the seller from the purchaser for the above-named product sold, or which may be sold to, by, or through purchaser:

- (a) \_\_\_\_\_ percent payable (b) \_\_\_\_\_
- (c) \$ \_\_\_\_\_ payable (d) \_\_\_\_\_
- all proceeds from sales in excess (e) \$ \_\_\_\_\_ payable (f) \_\_\_\_\_

until FSA releases or suspends this assignment in writing, giving notice of that action to purchaser. This assignment supersedes any previous assignment to FSA of income due to the seller from the above-named purchaser.

2. By signing below, the seller directs and authorizes the purchaser to make and deliver payments.

3A. Seller's Signature	3B. Date
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**PART C – PURCHASER ACCEPTANCE**

1. The undersigned consents to and accepts the above assignment and agrees to remit to FSA the sums of money provided in the assignment, when due and payable under it. This assignment will be given priority over any subsequent assignments granted to other lenders. Payments will be identified by the seller's name and address or as otherwise agreed. 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 \_\_\_\_\_

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

*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.*

**PART D – FSA USE ONLY**

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, 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 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.***