

**DEPOSIT AGREEMENT**  
**Rural Revolving Fund**

NAMES OF DEPOSITORS		SOCIAL SECURITY OR IRS TAX NO. DUNS NO.
GOVERNMENT AGENCY NAME AND ADDRESS	NAME AND ADDRESS OF BANK, SAVINGS AND LOAN OR CREDIT UNION ( <i>Including ZIP CODE</i> )	
COUNTY AND STATE OF RESIDENCE	DATE OF DEPOSIT	ACCOUNT OR CERTIFICATE NUMBER ( <i>If used</i> )

THIS AGREEMENT is made on the date indicated above, between the United States of America, acting through the United States Department of Agriculture, herein called the "Government," the above-named Depositors, called the "Depositor," and the above-named Bank, Savings and Loan, or Credit Union, called the "Financial Institution."

In consideration of loans or other advances of funds made by the Government and the depositing in the Financial Institution, to the credit of the Depositor in the account established pursuant to this agreement, - of moneys, derived from such- loans or other- advances of funds, or moneys otherwise obtained by the Depositor, it is agreed as follows:

1. The Depositor assigns, transfers, and, pledges to the Government the above mentioned account and deposits, made before or after this agreement, and conveys to the Government a security interest in all money deposited in this account, as security for the repayment of any and all indebtedness now or later owed by the Depositor to the Government, and for the performance of the obligations and agreements of the Depositor in connection with such advances or indebtedness.
2. No part of such deposits, account or money shall be withdrawn by the Depositor and no withdrawal shall be permitted by the Financial Institution except on the order of the Depositor and the counter-signature of a duly authorized representative of the Government. For RMAP, the Depositor may use the account for the purposes of making microloans, receiving payments from microborrowers, and making payments to the Government, except that with advance authorization of the Government, deposits of earned income may be made to the Loan Loss Reserve Fund.
3. Notwithstanding any other provision contained herein to the contrary, the Financial Institution will comply with instructions originated by the Government directing disposition of the funds in this account without further consent or approval by the Depositor. At any time upon written demand or order by the Government, the Financial Institution shall pay over to the Government the balance then on hand, or any part of the balance demanded. The death, disability, or insolvency of the Depositor shall not impair the power of the Government to demand or order such withdrawal.
4. The Financial Institution agrees that it will not assert any right of set off or recoupment, except service charges, with respect to the funds deposited pursuant to this agreement by reason of any indebtedness or claim now or later owed to or acquired by it. The Financial Institution further agrees that it will not obtain or claim a security interest in this account or in funds on deposit therein, that it will not, for the purposes of the Uniform Commercial Code, obtain or assert "control" of this account or the funds on deposit therein and that it hereby subordinates any security interest it may have or claim in this account or in the funds on deposit therein to the security interest granted to the Government in the agreement.

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 0575-0158 and 0570-0062. The time required to complete this information collection is estimated to average 5 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 a information.

5. The Financial Institution shall be under no obligation with respect to the expenditure of funds after their withdrawal from the Financial Institution in accordance with the provisions of this agreement. Upon making payment pursuant to an order or check duly executed by the Depositor and the countersigning officer, or pursuant to the written demand or order of the Government, the Financial Institution shall be discharged from all obligations with respect to the funds so released.
6. The Financial Institution further agrees that, at the end of each month it will forward a statement to the Government at the address shown above. If the checking account statement does not include sufficient information to reconcile the account, (the name of the payees or the check numbers and the amount of each check), the original canceled checks or either a microfilm copy or other reasonable facsimile of the canceled checks must be provided with the statement for reconciling the account. For RMAP, this requirement is not applicable.
7. The Financial Institution further agrees that if it did not return the original canceled checks to the Government with the statements, and the Government has a need for the original canceled checks, the Financial Institution, upon request by the Government, will furnish to the Government the requested original canceled checks or a certified microfilmed copy or other reasonable certified facsimile of the canceled checks in lieu of the original canceled checks. The Financial Institution agrees to provide this service to the Government with no fees being assessed to the Government or to the Depositor's account for the service. For RMAP, this requirement is not applicable.
8. For the purpose of this agreement and the Uniform Commercial Code, the Financial Institution's jurisdiction is the state shown in the block above of this agreement titled, "County and State of Residence."

IN WITNESS WHEREOF, the parties have entered into this agreement as of the day and year first written above.

FINANCIAL INSTITUTION \_\_\_\_\_

UNITED STATES OF AMERICA,

BY \_\_\_\_\_  
 \_\_\_\_\_  
 (Title)

BY \_\_\_\_\_

DEPOSITOR \_\_\_\_\_

\_\_\_\_\_  
 (Title)

DEPOSITOR \_\_\_\_\_

\_\_\_\_\_  
 (Agency)

UNITED STATES DEPARTMENT OF AGRICULTURE

**NOTE TO FINANCIAL INSTITUTION:** *Please return signed original and copy, along with copy of deposit slip to the Government Agency office address listed on the front of this form.*