

DIRECT PAYMENT PLAN CHANGE

1. CASE NUMBER			2. BORROWER NAME		
ST	CO	BORROWER ID			
0	0				
COMMUNITY PROGRAM LOANS – EXPANDED DIRECT PAYMENT SYSTEM (EDPS): <i>(Complete only when requesting additional payment coupons)</i>					
3. Type of Payment Packet			4. Type of Loan		
1			6		
5. Loan Number					
6. Type of File <i>(Closed loan enter 0, unclosed loan enter 1)</i>			7. Type of Action		
			4		
RURAL HOUSING LOANS <i>(Complete for fund codes 36, 37, 46, and 47):</i>					
8. Type of Loan					
1					
9. Loan Number <i>(Complete only when converting a specific loan to another payment plan and type of action equals 1 or 5)</i>					
10. Type Action 1 thru 5 <i>(Only 1 action can be completed)</i>					
<input type="checkbox"/> 1 – Place Borrower on Direct Payment Plan <i>(This action will generate payment coupons):</i>					
<input type="checkbox"/> 1 – Monthly payments to the address shown on the coupon					
<input type="checkbox"/> 2 – Monthly payments to field office					
<input type="checkbox"/> 3 – Annual payments to the address shown on the coupon					
<input type="checkbox"/> 4 – Annual payments to field office					
<input type="checkbox"/> 2 – Remove Borrower from Direct Payment Plan					
<input type="checkbox"/> 3 – Reserved for future use					
<input type="checkbox"/> 4 – Generate new payment packet					
<input type="checkbox"/> 5 – Change Payment Plan <i>(This action will generate payment coupons):</i>					
<input type="checkbox"/> 1 – Monthly payments to the address shown on the coupon					
<input type="checkbox"/> 2 – Monthly payments to field office					
<input type="checkbox"/> 3 – Annual payments to the address shown on the coupon					
<input type="checkbox"/> 4 – Annual payments to field office					
<i>I (we) hereby acknowledge that I (we) agree to convert from annual payments to monthly payments.</i>					
BORROWER			CO-BORROWER		
11. Payment due date <i>(Complete only for converting annual to monthly or when correcting the due date and type of action equals 4 or 5)</i>					
REMARKS:					
PREPARED BY:				DATE:	

According to the Paperwork Reduction Act of 1995, no persons are 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 0575-0172. 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 of information.