

This form is available electronically.

(See Page 2 for the Privacy Act and Paperwork Reduction Act Statements.)

**FSA-2450**  
 (10-31-13)

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

Position 1

**TEMPORARY AMENDMENT OF CONSENT TO PAYMENT OF  
 PROCEEDS FROM SALE OF FARM PRODUCTS**

**PART A – ACCEPTANCE BY PURCHASER**

1A. Purchaser's Name and Address		1B. Purchaser's Telephone Number
1C. Signature of Purchaser	1D. Title of Purchaser	1E. Date Signed

**PART B – SELLER (BORROWER)**

2A. Seller's (Borrower) Name and Address	2B. Seller's (Borrower) Telephone Number
--	--

**PART C – FSA USE ONLY**

3. Please refer to  FSA-2041, Assignment of Proceeds from the Sale of Products (Assignment)  FSA-2042, Consent to Payment of Proceeds from Sale of Products (Consent) or  FSA-2043, Assignment of Proceeds from the Sale of Dairy Products and Release of Security Interest (Assignment), executed by the subject borrower, purchaser, and FSA, dated (a) \_\_\_\_\_ .

FSA agrees that said Consent or Assignment is amended, for a temporary period beginning (b) \_\_\_\_\_ and ending (c) \_\_\_\_\_ , to allow payments as follows:

TO FSA: (d)  \$ \_\_\_\_\_ of the purchase price, or  
 (e)  \_\_\_\_\_ % of the purchase price figured to the nearest dollar,  
 payable (f) \_\_\_\_\_  
 (Weekly, Monthly, etc.)

TO Borrower: (g)  any remaining balance of the purchase price.

After the end of such temporary period, payments will again be subject the Consent or Assignment referred to in Item 3 above of this amendment.

4A. FSA County Office Name and Address		4B. FSA County Office Telephone Number
4C. Signature of Agency Official	4D. Title of Agency Official	4E. Date Signed

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

**NOTE:** *The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 et. seq.). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in the applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.*

*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 0560-0236. The time required to complete this information collection is estimated to average 10 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.***