

FSA-2251 (08-18-08)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	Position 2
LENDER'S GUARANTEED LOAN PAYMENT TO USDA Transaction 4035		

INSTRUCTIONS: Complete all items.

1. FSA ACCOUNT NUMBER <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black;">STATE CODE</td> <td style="width:33%; border: 1px solid black;">COUNTY CODE</td> <td style="width:33%; border: 1px solid black;">FSA ID NUMBER</td> </tr> </table>		STATE CODE	COUNTY CODE	FSA ID NUMBER	2. LENDER'S ID NUMBER	
STATE CODE	COUNTY CODE	FSA ID NUMBER				
3. FSA LOAN NUMBER		4. FSA ASSIGNED BRANCH NUMBER				
5. BORROWER'S NAME		6. LENDER'S NAME				
7. RECEIVABLE NUMBER <i>(Assigned by Finance Office)</i>		8A. DATE INTEREST PAID THROUGH TO FSA	8B. DATE PRINCIPAL PAID <i>(Completed by Finance Office)</i>			
9. AMOUNT OF PRINCIPAL PAYMENT \$		10. AMOUNT OF INTEREST PAYMENT \$				
11. TOTAL REMITTANCE <i>(Item 9 + Item 10)</i> \$		12. DATE OF DEPOSIT <i>(To be completed by Finance Office)</i>				
13. PAYMENT CODE <i>(Insert appropriate code in box below)</i> 01 = REGULAR PAYMENT <input type="checkbox"/> 02 = DEFERRED PAYMENT		(To Be Completed By Finance Office)				
14. SERVICING FEE CODE <i>(Insert appropriate code in box below)</i> 01 = ACCRUED INTEREST <input type="checkbox"/> 02 = SERVICING FEE						
15. AUTHORIZED LENDER'S SIGNATURE		16. TITLE	17. DATE			

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, (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 maybe 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 0560-0155. The time required to complete this information collection is estimated to average 2 hours 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.**

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 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. USDA is an equal opportunity provider, employer, and lender.

