

**DIRECT PAYMENT PLAN CHANGE**

1. CASE NUMBER	2. BORROWER NAME
COMMUNITY PROGRAM LOANS - EXPANDED DIRECT PAYMENT SYSTEM (EDPS): <i>(Complete only when requesting additional payment coupons)</i>	
3. Type of Payment Packet <b>1</b>	4. Type of Loan <b>6</b>
5. Loan Number 	
6. Type of File <i>(Closed loan enter 0, unclosed loan enter 1)</i> 	7. Type of Action <b>4</b>
RURAL HOUSING LOANS <i>(Complete for fund codes 36, 37, 46, and 47):</i>	
8. Type of Loan <b>1</b>	
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.