

n Rescue Plan Act of 2021 Section 1005 Loan Payment (ARPA)

Calculation Worksheet

Direct Farm Loan Balances as of 1/1/2021

Internal Use Only

Note Unpaid Interest	Note Unpaid Interest Advance	Note Unpaid Non-Capitalized Interest	Note Unpaid Deferred Interest	Note Unpaid Deferred Non-Capitalized Interest	DSA Unpaid Interest	DSA Unpaid Interest Advance	DSA Unpaid Non-Capitalized Interest	DSA Unpaid Deferred Interest
\$71.32		\$251.15	\$1,440.63	\$328.06	\$1,364.39		\$5.55	\$52.83
\$763.15			\$598.99		\$876.97			\$60.22
\$2,171.25			\$1,708.68		\$2,495.60			\$170.28
\$9,787.99			\$7,374.88		\$8,418.67			\$236.76
\$1,165.44			\$805.89		\$1,358.22			\$80.99
\$2,171.25			\$1,708.68		\$2,495.60			\$170.28
\$9,787.99			\$7,374.88		\$8,418.67			\$236.76
\$25,918.39	\$0.00	\$251.15	\$21,012.63	\$328.06	\$25,428.12	\$0.00	\$5.55	\$1,008.12

Formal Entity?	Borrower Address Line 1	Borrower Address Line 2	Borrower City	Borrower State	Borrower Zip Code
Y	123 Main Street	Suite 101	Temple	Texas	76501
Y	907 39th Street		Temple	Texas	76501
Y	P O Box 123		Temple	Texas	76501
Y	2545 Adams Ave		Temple	Texas	76501
Y	2545 Adams Ave		Temple	Texas	76501

e for the ARPA Loan Payment program. This includes Economic Emergency loan 29-01 dated 3/5/1984, and Operating Loan 44-05 dated 12/4/2020 which was not ful

X

lly advanced on 1/1/2021.

This form is available electronically.

FSA-2601 (xx-xx-xx)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency AMERICAN RESCUE PLAN ACT OF 2021 (ARPA) SECTION 1005 LOAN PAYMENT	Position 2
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4/20/2021

Joe Farmer Jr
 123 Main Street
 Suite 101
 Temple, Texas 76501

Dear Borrower,

FSA records show that you had a direct loan(s) on January 1, 2021, and that you are eligible for payment under the American Rescue Plan Act of 2021 (ARPA) Loan Payment program. All of your eligible direct loan debt will be paid in full. Eligible direct loan debt includes Farm Storage Facility Loans (FSFL), as well as most Farm Loan Program (FLP) direct loans. Eligible FLP loan types include Conservation, Emergency, Farm Ownership (including Down Payment), Grazing, Irrigation and Drainage, Operating (including Youth and Microloans), and Soil & Water. The ARPA Calculation Worksheet, attached to this notification, provides detailed calculations for your eligible direct loan debt, including any debt that was paid in full after January 1, 2021. Notification regarding any guaranteed loans that you may have will be sent at a later date.

After your ARPA-eligible direct loans are paid in full, you will still be indebted to FSA for any loans that are not eligible for the ARPA Loan Payment program. This includes Economic Emergency loan 29-01 dated 3/5/1984, and Operating Loan 44-05 dated 12/4/2020 which was not fully advanced on 1/1/2021.

If you are in bankruptcy or have been discharged of the debt, this informational notice is not an attempt to collect or recover the discharged debt as your personal liability.

You may select one of the following three options:

OPTION 1. I accept the ARPA payment as calculated by FSA for my eligible direct loan debt or, in the case of an Estate or deceased person, for the debt owed by the Estate or deceased person I represent. Please apply the payment to my FSA eligible direct loan debt or, in the case of an Estate or deceased person, to the eligible direct loan debt owed by the Estate or deceased person I represent, and pay the 20 percent portion to assist with tax liability using the bank account(s) information I provided below.

I certify under penalty of perjury punishable as a federal crime pursuant to 18 U.S.C. § 1001 that, to the best of my knowledge, I am, or at least one borrower who signed the promissory note(s) or assumption agreement(s) establishing the receipt of direct loan assistance from FSA is, a member of an eligible socially disadvantaged group as defined by section 2501(a) of the Food, Agriculture, Conservation, and Trade Act of 1990. A socially disadvantaged group includes borrowers who are: American Indian, Alaskan Native, Asian, Black, African American, Native Hawaiian, Pacific Islander, or Hispanic or Latino.

I understand and acknowledge:

- FSA payments, including the ARPA payment, are subject to public disclosure. Consequently, after any payment is made according to ARPA and applicable regulations or Notifications of Funding Availability, my name (or in the case of an Estate or deceased person, the name of the Estate or deceased person) will be released in public documents or records and/or listed on a USDA and/or FSA webpage as having received an ARPA payment.
- FSA will not provide my reported race and ethnicity next to my name (or in the case of an Estate or deceased person, will not provide their race and ethnicity next to their name) in public documents or records or on the USDA and/or FSA webpage when it lists my name (or in the case of an Estate or deceased person, their name) as having received an ARPA payment, unless a determination is made that race and ethnicity is not considered PII, or unless USDA/FSA is directed to list the information pursuant to a court order or law or regulation.

- FSA will continue to provide any and all information in its loan files, including for the purposes of cooperating with a Federal audit (such as may be conducted by the Government Accounting Office); cooperating with a law enforcement agency; reporting fraud, waste and abuse to the Office of the Inspector General (OIG); when cooperating with an OIG investigation; or for other audit, law enforcement or investigative purposes, including any investigation into allegations that I misreported/misrepresented my race and/or ethnicity (or in the case of an Estate or deceased person, their race and/or ethnicity) to FSA for the purposes of receiving an ARPA payment.
- Receiving an ARPA payment may have income tax consequences for me, my farm operation, or the Estate of the deceased person I am representing. It is my responsibility to consult with a tax professional if I have any questions. It is also my responsibility to pay any and all taxes that may be owed as a result of receiving an ARPA payment.
- Additional assistance for borrowers through community-based organizations and other service providers will be made available in a future letter to borrowers and announced on farmers.gov/americanrescueplan, via GovDelivery, and a press release.
- Receiving an ARPA payment may have bankruptcy implications if I, my farm operation, or the Estate of the deceased person I am representing is currently under bankruptcy court protection. The USDA makes no representation whether any payment directly to a borrower in a pending bankruptcy case constitutes property of the bankruptcy estate. It is my responsibility to consult bankruptcy professionals or counsel to discuss the impact of bankruptcy on any payments received under ARPA.
- I hereby assign the ARPA payment to FSA for the amount of eligible direct loan debt as shown in the Amount Paid to FSA column on the ARPA Calculation Worksheet.
- If my loan payments are currently being made via Pre-Authorized Debt (PAD), my PAD will be cancelled.
- The ARPA payment shown in the Amount Paid to Borrower column on the ARPA Calculation Worksheet will be made electronically using the banking information I provide.
- If my loan installment is coming due, I may still receive an automated payment reminder letter. I understand that I can disregard the reminder letter for any loans that are listed on the ARPA Calculation Worksheet.
- Any payments applied to loans listed on the ARPA Calculation Worksheet after January 1, 2021, will be refunded to the primary borrower.
- Due to the number of ARPA payments that must be processed, it may take several weeks or more for FSA to process the payment. After the payment has been processed, if there was property that was pledged as security for the FSA debt, FSA will mail me the documents needed to release the FSA lien. Unless otherwise required by State law, it is my responsibility to file/record the lien release with the applicable office or entity in the County/State where the property is located.
- The chart below explains how my payment will be distributed and who is required to sign this form. It is my/our responsibility to obtain all required signatures in order for a payment to be issued:

ARPA PAYMENT DISTRIBUTION SCENARIOS					
BORROWER TYPE	DISTRIBUTION OF FUNDS TO PAY OFF LOAN (will be reported as income on IRS Form 1099-G)	DISTRIBUTION OF ADDITIONAL 20% PAYMENT (will be reported as income on IRS Form 1099-G)	FSA-2601 SIGNATURE REQUIREMENTS	REQUIRED FINANCIAL INSTITUTION INFORMATION	COMMENTS
SDA Individual	All attributable to SDA Individual	All to SDA Individual	SDA Individual	Account Supplied by SDA Individual	The amount of interest paid will always be reported on IRS Form 1098 to the primary borrower. Borrowers may seek professional advice on how best to report to the IRS.
Formal Entity, At Least One SDA Borrower	All attributable to Entity	All to Entity	All SDA Borrowers	Account Supplied by Entity	A formal entity has a unique tax ID, while an informal entity uses the SSN of one of the borrowers.
Informal Entity/Married Couple, At Least One SDA Borrower	Attributed equally among all Borrowers	Attributed equally among all Borrowers	All SDA Borrowers	Account Supplied by all Borrowers	All SDA borrowers are required to sign to ensure their understanding and agreement to the program benefit they are entitled to.

- If at least one, but not all, required signatures are received within 60 days of the date of this notification, the socially disadvantaged borrowers who have not signed will be notified of their appeal rights. If an appeal is not requested within 30 days, FSA will process the payment as described in this notice.

In order for USDA to proceed, please complete this form in its entirety and return it to your local FSA office or to the following:

1400 Independence Ave SW, Washington DC, 20250

Fax: (202) 555-5555

Email: loan.officer@usda.gov

OPTION 2. Before I make a decision, I want to schedule a meeting with the local FSA office to discuss this notice (for example, if I disagree with the calculation, if an error is identified, or if I disagree with the payment distribution) or provide updated information that may affect the payment distribution. My meeting preference is:

- telephone meeting on my phone number _____.
- in person at the FSA office. However, I understand and acknowledge that scheduling an in-person meeting may not be possible due to local, State or Federal restrictions due to COVID-19.
- FSA will contact you within seven (7) days of receiving your request for a meeting.

OPTION 3. I do not want to receive the ARPA payment. I understand and acknowledge that my decision to not accept the ARPA payment is final and irrevocable. I understand and acknowledge that FSA will continue to service the debt according to FSA regulations and the Debt Collection Improvement Act of 1996 (DCIA) requirements.

Sincerely,

Sheila Oellrich
Program Analyst

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the American Rescue Plan Act of 2021 (ARPA), the Computer Security Act of 1987 (Pub. L. 100-235), OMB Circular A-123, Federal Managers' Financial Integrity Act of 1982, and Privacy Act of 1974 (5 USC 552a - as amended). The information will be used to verify (or update, if needed) a customer's demographic information in USDA and FSA records in order to process the customer's request for payment according to ARPA and applicable regulations. The information collected on this form may be disclosed to other Federal, State, 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 applicable Routine Uses identified in the System of Records Notices for AMS-3, Perishable Agricultural Commodities Act (PACA), USDA/FSA-2, Farm Records File (Automated), USDA/NRCS-1, Landowner, Operator, Producer, Cooperator, or Participant Files, and USDA/RD-1, Applicant, Borrower, Grantee, or Tenant File. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a determination that FSA cannot process the customer's request for payment.

The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. **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.

American Rescue Plan Act of 2021 (ARPA) Section 1005 Loan Payment Calculation Worksheet Direct Farm Loans

Primary Borrower Name: Joe Farmer Jr

Case Number: 01-001-*****1234

Direct Loans							Payment Distribution	
Loan Number	Date of Loan	Unpaid Principal as of 1/1/2021	Unpaid Interest as of 1/1/2021	Protective Advances after 1/1/2021	Total Payoff	Calculated ARPA Payment	Total Amount Paid to FSA	Total Amount Paid to Borrower(s)
44-01-OL	3/14/1991	\$ 21,061.74	\$ 3,526.25	\$ 1,000.00	\$ 25,587.99	\$ 30,705.59	\$ 25,587.99	\$ 5,117.60
44-09-OL	3/11/2015	\$ 31,854.92	\$ 2,299.33	\$ -	\$ 34,154.25	\$ 40,985.10	\$ 34,154.25	\$ 6,830.85
44-10-OL	3/11/2015	\$ 90,634.67	\$ 6,545.81	\$ -	\$ 97,180.48	\$ 116,616.58	\$ 97,180.48	\$ 19,436.10
41-11-FO	3/11/2015	\$ 126,065.24	\$ 25,818.30	\$ -	\$ 151,883.54	\$ 182,260.25	\$ 151,883.54	\$ 30,376.71
44-12-OL	3/11/2015	\$ 78,120.70	\$ 3,410.54	\$ -	\$ 81,531.24	\$ 97,837.49	\$ 81,531.24	\$ 16,306.25
43-13-EM	3/11/2015	\$ 90,634.67	\$ 6,545.81	\$ -	\$ 97,180.48	\$ 116,616.58	\$ 97,180.48	\$ 19,436.10
44-14-OL	3/11/2015	\$ 26,065.24	\$ 25,818.30	\$ -	\$ 51,883.54	\$ 62,260.25	\$ 51,883.54	\$ 10,376.71
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals		\$ 464,437.18	\$ 73,964.34	\$ 1,000.00	\$ 539,401.52	\$ 647,281.82	\$ 539,401.52	\$ 107,880.30

ARPA Payment Distribution to Joe Farmer Jr, Primary

	Amount Paid to FSA		Amount Paid to Borrowers
Total Amount:	\$ 539,401.52	Total Amount:	\$ 107,880.30
Amount Attributed to Joe Farmer Jr:	\$ 539,401.52	Amount Paid to Joe Farmer Jr:	\$ 107,880.30

Financial Institution Information - Must Attach a Voided Check

Bank Name _____

Nine-Digit Routing Number _____

Account Number _____

Checking

Savings

Account Holder's Name _____

Type of Account _____

Signature

This form must be signed by all socially disadvantaged borrowers who signed the promissory note(s) or assumption agreement(s) and have not previously been released of liability for the debt. In the case of an Estate, the deceased person must have been liable for the debt as of 1/1/2021, and this form must be signed by the person authorized to act on behalf of the Estate. By signing below, you are certifying that you have reviewed this notice (FSA-2601) and the ARPA Section 1005 Loan Payment Calculation Worksheet and find all loans eligible for ARPA payments have been included and the calculations are correct.

Joe Farmer Jr _____

Hispanic _____

White _____

Name

Ethnicity

Race

Signature _____

Date _____

ARPA Payment Distribution to Joe Farmer Jr, Primary

	Amount Paid to FSA		Amount Paid to Borrowers
Total Amount:	\$ 539,401.52	Total Amount:	\$ 107,880.30
Amount Attributed to Joe Farmer Jr:	\$ 539,401.52	Amount Paid to Joe Farmer Jr:	\$ 107,880.30

Financial Institution Information - Must Attach a Voided Check

Bank Name _____

Nine-Digit Routing Number _____

Account Number _____

Checking

Savings

Account Holder's Name _____

Type of Account _____

Signatures

This form must be signed by all socially disadvantaged borrowers who signed the promissory note(s) or assumption agreement(s) and have not previously been released of liability for the debt. In the case of an Estate, the deceased person must have been liable for the debt as of 1/1/2021, and this form must be signed by the person authorized to act on behalf of the Estate. By signing below, you are certifying that you have reviewed this notice (FSA-2601) and the ARPA Section 1005 Loan Payment Calculation Worksheet and find all loans eligible for ARPA payments have been included and the calculations are correct.

Joe Farmer Jr _____
 Name Ethnicity Race
 Signature _____ Date _____

Jane Farmer _____
 Name Ethnicity Race
 Signature _____ Date _____

Joe Farmer Sr _____
 Name Ethnicity Race
 Signature _____ Date _____

Joseph Farmer

Hispanic

White

Name

Ethnicity

Race

Signature

Date

Josie Farmer

Hispanic

African American/White

Name

Ethnicity

Race

Signature

Date

ARPA Payment Distribution to Joe Farmer Jr, Primary

	Amount Paid to FSA		Amount Paid to Borrowers
Total Amount:	\$ 539,401.52	Total Amount:	\$ 107,880.30
Percent of Payment to Joe Farmer Jr:	20%	Percent of Payment to Joe Farmer Jr:	20%
Amount Attributed to Joe Farmer Jr:	\$ 107,880.30	Amount Paid to Joe Farmer Jr:	\$ 21,576.06

Financial Institution Information - Must Attach a Voided Check

Bank Name	
Nine-Digit Routing Number	Account Number <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Holder's Name	Type of Account

Signature

This form must be signed by all socially disadvantaged borrowers who signed the promissory note(s) or assumption agreement(s) and have not previously been released of liability for the debt. In the case of an Estate, the deceased person must have been liable for the debt as of 1/1/2021, and this form must be signed by the person authorized to act on behalf of the Estate. By signing below, you are certifying that you have reviewed this notice (FSA-2601) and the ARPA Section 1005 Loan Payment Calculation Worksheet and agree that all loans eligible for ARPA payments have been included and the calculations are correct.

Joe Farmer Jr Name	Hispanic Ethnicity	White Race
Signature	Date	

ARPA Payment Distribution to Jane Farmer, Co-Borrower

	Amount Paid to FSA		Amount Paid to Borrowers
Total Amount:	\$ 539,401.52	Total Amount:	\$ 107,880.30
Percent of Payment to Jane Farmer:	20%	Percent of Payment to Jane Farmer:	20%
Amount Attributed to Jane Farmer:	\$ 107,880.30	Amount Paid to Jane Farmer:	\$ 21,576.06

Financial Institution Information - Must Attach a Voided Check

Bank Name _____

Nine-Digit Routing Number _____ Account Number _____

Checking Savings

Account Holder's Name _____ Type of Account _____

Signature

This form must be signed by all socially disadvantaged borrowers who signed the promissory note(s) or assumption agreement(s) and have not previously been released of liability for the debt. In the case of an Estate, the deceased person must have been liable for the debt as of 1/1/2021, and this form must be signed by the person authorized to act on behalf of the Estate. By signing below, you are certifying that you have reviewed this notice (FSA-2601) and the ARPA Section 1005 Loan Payment Calculation Worksheet and agree that all loans eligible for ARPA payments have been included and the calculations are correct.

Jane Farmer _____ Hispanic _____ White _____

Name _____ **Ethnicity** _____ **Race** _____

Signature _____ Date _____

ARPA Payment Distribution to Joe Farmer Sr, Co-Borrower

	Amount Paid to FSA		Amount Paid to Borrowers
Total Amount:	\$ 539,401.52	Total Amount:	\$ 107,880.30
Percent of Payment to Joe Farmer Sr:	20%	Percent of Payment to Joe Farmer Sr:	20%
Amount Attributed to Joe Farmer Sr:	\$ 107,880.30	Amount Paid to Joe Farmer Sr:	\$ 21,576.06

Financial Institution Information - Must Attach a Voided Check

Bank Name _____

Nine-Digit Routing Number _____ Account Number _____

Checking Savings

Account Holder's Name _____ Type of Account _____

Signature

This form must be signed by all socially disadvantaged borrowers who signed the promissory note(s) or assumption agreement(s) and have not previously been released of liability for the debt. In the case of an Estate, the deceased person must have been liable for the debt as of 1/1/2021, and this form must be signed by the person authorized to act on behalf of the Estate. By signing below, you are certifying that you have reviewed this notice (FSA-2601) and the ARPA Section 1005 Loan Payment Calculation Worksheet and agree that all loans eligible for ARPA payments have been included and the calculations are correct.

Joe Farmer Sr _____ Not Hispanic _____ Asian _____

Name **Ethnicity** **Race**

Signature _____ Date _____

ARPA Payment Distribution to Joseph Farmer, Co-Borrower

	Amount Paid to FSA		Amount Paid to Borrowers
Total Amount:	\$ 539,401.52	Total Amount:	\$ 107,880.30
Percent of Payment to Joseph Farmer:	20%	Percent of Payment to Joseph Farmer:	20%
Amount Attributed to Joseph Farmer:	\$ 107,880.30	Amount Paid to Joseph Farmer:	\$ 21,576.06

Financial Institution Information - Must Attach a Voided Check

Bank Name _____

Nine-Digit Routing Number _____ Account Number _____

Checking Savings

Account Holder's Name _____ Type of Account _____

Signature

This form must be signed by all socially disadvantaged borrowers who signed the promissory note(s) or assumption agreement(s) and have not previously been released of liability for the debt. In the case of an Estate, the deceased person must have been liable for the debt as of 1/1/2021, and this form must be signed by the person authorized to act on behalf of the Estate. By signing below, you are certifying that you have reviewed this notice (FSA-2601) and the ARPA Section 1005 Loan Payment Calculation Worksheet and agree that all loans eligible for ARPA payments have been included and the calculations are correct.

Joseph Farmer _____ Hispanic _____ White _____

Name **Ethnicity** **Race**

Signature **Date**

ARPA Payment Distribution to Josie Farmer, Co-Borrower

	Amount Paid to FSA		Amount Paid to Borrowers
Total Amount:	\$ 539,401.52	Total Amount:	\$ 107,880.30
Percent of Payment to Josie Farmer:	20%	Percent of Payment to Josie Farmer:	20%
Amount Attributed to Josie Farmer:	\$ 107,880.30	Amount Paid to Josie Farmer:	\$ 21,576.06

Financial Institution Information - Must Attach a Voided Check

Bank Name _____

Nine-Digit Routing Number _____ Account Number _____

Checking Savings

Account Holder's Name _____ Type of Account _____

Signature

This form must be signed by all socially disadvantaged borrowers who signed the promissory note(s) or assumption agreement(s) and have not previously been released of liability for the debt. In the case of an Estate, the deceased person must have been liable for the debt as of 1/1/2021, and this form must be signed by the person authorized to act on behalf of the Estate. By signing below, you are certifying that you have reviewed this notice (FSA-2601) and the ARPA Section 1005 Loan Payment Calculation Worksheet and agree that all loans eligible for ARPA payments have been included and the calculations are correct.

Josie Farmer _____

Name **Ethnicity** **Race**

Hispanic _____ African American/White _____

Signature **Date**