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(See Page 2 for Privacy Act and Public Burden Statements)

FSA-2520
(12-31-07)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 4

ACCEPTANCE OF PRIMARY LOAN SERVICING

FOR BORROWERS WHO RECEIVED
FORM FSA-2512 AND APPLIED FOR SERVICING

TO: Farm Service Agency
[FSA Office Name/Address]
[Office Address]
[City, State, Zip Code]

I have received and read your offer to restructure my Farm Service Agency (FSA) Farm Loan Programs (FLP) debt.
[Insert the applicable paragraphs, selecting either of the paragraphs numbered 1 and including paragraph 2 only if there are nonessential assets.]

1. I accept FSA’s offer of Primary Loan Servicing. I understand that while I have up to 45 days of receiving Form FSA-2519 to accept this offer, this is **not** my final notice of loan servicing options. If I do not accept this offer, my account becomes 90 days past due, or I am found to be in default on my loan agreements before the restructure is completed, I will be notified of all the loan servicing options again.

OR

1. I accept FSA’s offer of Primary Loan Servicing as follows. I understand that while I have up to 45 days of receiving Form FSA-2519 to accept this offer, this is **not** my final notice of loan servicing options. If I do not accept this offer, my account becomes 90 days past due, or I am found to be in default on my loan agreements before the restructure is completed, I will be notified of all the loan servicing options again in the future. I want FSA to restructure my debts:

A. **With** a write down giving me a higher cash flow margin than without a write down.

B. **Without** a write down giving me a lower cash flow margin than if I would take the write down.

2. I intend to pay FSA the net recovery value of any nonessential assets that FSA has said I own. I understand that I must pay the net recovery value of the nonessential assets within 45 days of receiving Form FSA-2519.

(End of Optional Paragraphs)

This form must be signed by all parties (entity and individual) that executed the promissory note(s) or assumption agreement(s) and have not previously been released of liability for the debt. All parties may either sign one form or duplicates of the form, but all must sign.

3A. Borrower's Name	3B. Signature	3C. Date
4A. Borrower's Name	4B. Signature	4C. Date
5A. Borrower's Name	5B. Signature	5C. Date
6A. Borrower's Name	6B. Signature	6C. Date

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*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 0560-0233. The time required to complete this information collection is estimated to average 30 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 LOCAL FSA OFFICE.***