

## Instructions for FSA-2042

### ***CONSENT TO PAYMENT OF PROCEEDS FROM SALE OF PRODUCTS***

This form is used in Uniform Commercial Code States to obtain an agreement as to the amount of proceeds from sale of farm products to be paid to FSA. Use this form when FSA has a perfected lien.

Submit the original of the completed form in hard copy or facsimile to the appropriate USDA servicing office. Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that the customer submitting the form is the only person required to sign the transaction.

Features for transmitting the form electronically are available to those customers with access credentials only. If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

***Seller must complete Parts A and B. Purchaser must complete Part C. Part D is completed by FSA.***

#### *Part A*

All Items are completed by the seller.

<b>Fld Name / Item No.</b>	<b>Instruction</b>
1 Name and Address of Seller	Enter the seller's name and address.
2 Name and Address of Purchaser	Enter purchaser's name and address.
3 Seller's Telephone Number	Enter the seller's telephone number.
4 Purchaser's	Enter the purchaser's telephone number.

<b>Fld Name / Item No.</b>	<b>Instruction</b>
Telephone Number	

<b>Fld Name / Item No.</b>	<b>Instruction</b>
5 Effective Date of Consent	Enter the effective date of this consent.
6 Products Purchased	Enter the kind of products to be purchased.

**Part B**

**All Items are completed by the seller.**

<b>Fld Name / Item No.</b>	<b>Instruction</b>
1(a) Percent of Purchase Price	Enter a checkmark in the checkbox and enter the percent of the purchase price payable, figured to the nearest dollar.
1(b) Payment Schedule	Enter the payment schedule as monthly, bimonthly, or other.
1(c) Amount of Purchase Price	Enter a checkmark in the checkbox and enter the dollar amount of the purchase price or the full purchase price if less than that amount.
1(d) Payment Schedule	Enter the payment schedule as monthly, bimonthly, or other.
1(e) Excess Proceeds	Enter a checkmark in the checkbox and enter the dollar amount of the excess proceeds from the sale.
1(f) Payment Schedule	Enter the payment schedule as monthly, bimonthly, or other.
2 Authorization	Please read.
3(a) Signature	Enter the seller's signature. If faxing or mailing the form, print the form and manually enter your signature. This form is approved for electronic transmission. If you have established credentials with USDA to submit forms

	electronically, use the buttons provided on the form for transmitting the form to the USDA servicing office. Electronic submission may only be completed if you are the only person required to sign this form.
3(b) Date	Enter date seller signed the form.

**Part C**

*All Items are completed by purchaser.*

Fld Name / Item No.	Instruction
1(a) Payment to FSA	Enter a checkmark in the checkbox for payments to be made to the order of the Farm Service Agency.
1(b) Joint Payment	Enter a checkmark in the checkbox for payments to be made jointly to the order of the seller and the Farm Service Agency.
1(c) Payment to other	Enter a checkmark in the checkbox for payments made to the order of other creditor and include name, address, and zip code.
2 Name of Purchaser	Enter the name of the purchaser's duly authorized officer.
3 Title	Enter the title of the purchaser's duly authorized officer.
4 Signature	Enter the signature of the purchaser's duly authorized officer.  If faxing or mailing the form, print the form and manually enter your signature. This form is approved for electronic transmission. If you have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the USDA servicing office. Electronic submission may only be completed if you are the only person required to sign this form.
5 Date	Enter the date the purchaser's duly authorized officer signed the form.

**Part D is for FSA use only**