

This form is available electronically.

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

FSA-2141  
(12-31-07)

U.S. DEPARTMENT OF AGRICULTURE  
Farm Service Agency

Position 2

**INTEREST-BEARING DEPOSIT AGREEMENT**

**BECAUSE** certain funds of (1) \_\_\_\_\_ referred to as the "Depositor," are now on deposit with (2) \_\_\_\_\_

referred to as the "Financial Institution," under a Deposit Agreement dated (3) \_\_\_\_\_, providing for supervision by the United States of America, acting through the Farm Service Agency, referred to as the "Government," which Deposit Agreement grants to the Government security and/or other interest in the funds covered by the Deposit Agreement, and

**BECAUSE** certain of these funds are not now required for immediate disbursement and it is the desire of the Depositor to place these funds in interest-bearing deposits with the Financial Institution:

**THEREFORE**, the Depositor and the Government authorize and direct the Financial Institution to place (4) \_\_\_\_\_ Dollars (\$ \_\_\_\_\_ ) of the funds subject to that Deposit Agreement in interest-bearing deposits as follows:

- (a) \$ \_\_\_\_\_ for a period of \_\_\_\_\_ months at \_\_\_\_\_ % interest
- (b) \$ \_\_\_\_\_ for a period of \_\_\_\_\_ months at \_\_\_\_\_ % interest
- (c) \$ \_\_\_\_\_ for a period of \_\_\_\_\_ months at \_\_\_\_\_ % interest

These interest bearing deposits and the income earned on them at all times shall be considered a part of the account covered by said Deposit Agreement, except that the right of the Depositor and the Government to jointly withdraw all or a portion of the funds in the account covered by the Deposit Agreement by an order of the Depositor countersigned by a representative of the Government, and the right of the Government to make written demand for the balance or any portion of the balance, is modified by the above time deposit maturity schedule. The evidence of such time deposits shall be issued in the names of the Depositor and the Farm Service Agency.

A copy of this Agreement shall be attached to and become a part of each certificate, passbook, or other evidence of deposit that may be issued to represent such interest-bearing deposits.

|  |           |
|--|-----------|
| 5A. Name of Financial Institution's Representative | 5B. Title |
| 5C. Signature                                      | 5D. Date  |
| 6A. Name of FSA's Representative                   | 6B. Title |
| 6C. Signature                                      | 6D. Date  |
| 7A. Depositor's Signature                          | 7B. 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, as amended (7 USC 1921 et seq.), or other Acts, and the regulations promulgated thereunder, to solicit the information requested on its application forms. The information requested is necessary for FSA to determine eligibility for credit or other financial assistance, service your loan, and conduct statistical analyses. Supplied information may be furnished to other Department of Agriculture agencies, the Internal Revenue Service, 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 Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of an application 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 0560-0238. The time required to complete this information collection is estimated to average 10 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 COUNTY FSA OFFICE.***

*The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.*