

This form is available electronically.

(See Page 2 for the Privacy Act and Paperwork Reduction Act Statements.)

FSA-2450

(10-31-13)

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

Position 1

**TEMPORARY AMENDMENT OF CONSENT TO PAYMENT OF
PROCEEDS FROM SALE OF FARM PRODUCTS****PART A – ACCEPTANCE BY PURCHASER**

1A. Purchaser's Name and Address		1B. Purchaser's Telephone Number
1C. Signature of Purchaser	1D. Title of Purchaser	1E. Date Signed

PART B – SELLER (BORROWER)

2A. Seller's (Borrower) Name and Address	2B. Seller's (Borrower) Telephone Number
--	--

PART C – FSA USE ONLY

3. Please refer to ☐ FSA-2041, Assignment of Proceeds from the Sale of Products (Assignment) ☐ FSA-2042, Consent to Payment of Proceeds from Sale of Products (Consent) or ☐ FSA-2043, Assignment of Proceeds from the Sale of Dairy Products and Release of Security Interest (Assignment), executed by the subject borrower, purchaser, and FSA, dated (a) _____.

FSA agrees that said Consent or Assignment is amended, for a temporary period beginning (b) _____ and ending (c) _____, to allow payments as follows:

TO FSA: (d) ☐ \$ _____ of the purchase price, or
 (e) ☐ _____ % of the purchase price figured to the nearest dollar,
 payable (f) _____
 (Weekly, Monthly, etc.)

TO Borrower: (g) ☐ any remaining balance of the purchase price.

After the end of such temporary period, payments will again be subject the Consent or Assignment referred to in Item 3 above of this amendment.

4A. FSA County Office Name and Address		4B. FSA County Office Telephone Number
4C. Signature of Agency Official	4D. Title of Agency Official	4E. Date Signed

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the

NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 *et. seq.*). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and 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 the applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.*

*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 0560-0236. 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.***