

FSA-2222

(08-18-08)

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

Position 2

REQUEST FOR INTEREST ASSISTANCE PAYMENT

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

INSTRUCTIONS: PLEASE ADD DECIMAL POINTS WHEN SUPPLYING DOLLAR AMOUNTS AND INTEREST RATES BELOW.

1. FSA Account Number:			2. Borrower's Name (Enter Last, First, & Middle Initial)		
1A. State Code	1B. County Code	1C. FSA ID Number			
3. Lender's Name			4. Lender's ID Number	5. Branch Number	
6. FSA Loan Number			7. Original Loan Amount \$		
8. Beginning Claim Period			9. End Claim Period		
10. Principal Balance at End of Claim Period \$			11. Average Daily Principal Balance During Claim Period \$		
12. Interest Payable \$		14. Payment Code (Completed by FSA) (Insert appropriate code in box below)		15. Date Manual Payment Issued	
13. Final Payment (Insert appropriate answer in box below)		<input type="checkbox"/> 1 = System Generated Payment <input type="checkbox"/> 2 = Manual Payment (Finance Office Only) <input type="checkbox"/> 3 = No Payment Issued <input type="checkbox"/> 4 = Refund (Finance Office Only) <input type="checkbox"/> 5 = EFT			
16. Lender's Electronic Fund Transfer (EFT) Routing Number		17. Lender Deposit Account Number for EFT		18. Type of Account (Check one below)	
				<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

REQUEST FOR CONTINUATION OF INTEREST ASSISTANCE

Term of Next Interest Assistance Period:		21. Percent of Assistance Requested Next Period (Enter 4% or Zero) %
19. Beginning Date	20. Ending Date	

22. LENDER'S CERTIFICATION: I hereby certify that the above claim and any request for continuation or adjustment of interest assistance is accurate and consistent with the terms of FSA regulations and the Interest Assistance Agreement under which it was issued.

22A. Authorized Lender's Signature	22B. Title	22C. Date
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FSA USE ONLY

23. Percent of Interest Assistance Approved for next period (Enter 4% or Zero):		%
<p>I have reviewed the above Request for Payment of Interest Assistance and Request for Continuation of Interest Assistance. The requested payment or approved level of continued interest assistance is consistent with the supporting documentation, FSA regulations, and the Interest Assistance Agreement Interest Rate.</p>		
24A. Authorized FSA Official Signature		25. FSA Servicing Office Name and Address Telephone Number:
24B. Name and Title (Print)		
24C. 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 (7 USC 1921 et. seq.), and the regulations promulgated thereunder, to solicit the information requested on this form. 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 the information requested, including your 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 0560-0155. The time required to complete this information collection is estimated to average 20 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.***