

Form Approved – OMB No. 0560-0237

Expiration Date: XX/XX/XXXX

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(See Page 2 for PA and Public Burden Statements.)

FSA-2317

(XX-XX-25)

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

Position 1

CONSENT AND SUBORDINATION AGREEMENT

1. WHEREAS, (a) _____,

(Debtor) of (b) _____ County; State of (c) _____,
have applied to the United States, acting through the U.S. Department of Agriculture, Farm Service Agency,
(Secured Party), for a loan and have agreed to give the Secured Party a security interest in the following-described
fixtures (d):

which fixtures are affixed to the following-described real estate:

(e) Owner Name	(f) No. of Acres	(g) County and State	(h) Legal Description

- 2. NOW, THEREFORE,** in consideration of the making of such loan by the Secured Party, the undersigned parties hereby (a) consent that the Debtor may grant to the Secured Party a security interest in said fixtures under the Uniform Commercial Code; (b) subordinate their liens on and interest in the above-described real estate to such security interest in said fixtures; and (c) agree that upon default of Debtor, the Secured Party may (1) take possession of and remove said fixtures without notice to the undersigned parties and without liability for any diminution of value of the real estate caused by the absence of the fixtures or by any necessity for replacing the fixtures; and (2) enforce its security interest against said fixtures as personality.

3. **IN WITNESS WHEREOF**, the undersigned parties hereto have executed this instrument on

_____ .

4. Signature(s)

ACKNOWLEDGMENT

Note:	<p>The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 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, 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.</p> <p>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 0560-0237. The time required to complete this information collection is estimated to average 15 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.</p>
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FSA-2317 (XX-XX-25) Page 3

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