

Form Approved OMB Control No. 0560-0237

OMB Expiration Date XX/XX/XXXX

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

FSA-2317 TX
(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 or will be 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.

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

_____ .

4. Signature(s)

5. ACKNOWLEDGMENT

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 0560-0237. 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.

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