

FSA-2140
(XX-XX-XX)U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 2

DEPOSIT AGREEMENT**PART A - GENERAL**

1. Depositor's Name		2. Depositor's Address	
3. Telephone Number		4. Social Security Number/Tax Identification Number (9 digit No.)	
5A. FSA Address		6A. Name and Address of Bank, Savings and Loan, or Credit Union	
5B. FSA Telephone Number	6B. Account Number	7. Date	

PART B - AGREEMENT

THIS AGREEMENT is made on the date indicated above, between the United States, U.S. Department of Agriculture, Farm Service Agency ("Government,") the above-named Depositor ("Depositor,") and the above-named Bank, Savings and Loan, or Credit Union, ("Financial Institution").

In consideration of funds deposited in the Financial Institution, to the credit of the Depositor in the account established pursuant to this agreement, it is agreed as follows:

- a. The Depositor assigns, transfers, and pledges to the Government the above mentioned account and deposits, made before or after this agreement, and conveys to the Government a security interest in all money deposited in this account, as security for the repayment of any and all indebtedness now or later owed by the Depositor to the Government, and for the performance of the obligations and agreements of the Depositor in connection with such advances or indebtedness.
- b. No part of such deposits, account or money shall be withdrawn by the Depositor and no withdrawal shall be permitted by the Financial Institution except on the order of the Depositor and the counter-signature of an authorized representative of the Government.
- c. Notwithstanding any other provision contained herein to the contrary, the Financial Institution will comply with instructions originated by the Government directing disposition of the funds in this account without further consent or approval by the Depositor. At any time upon written demand or order by the Government, the Financial Institution shall pay over to the Government the balance, or any part of the balance demanded. The death, disability, or insolvency of the Depositor shall not impair the power of the Government to demand or order such withdrawal.
- d. The Financial Institution agrees that it will not assert any right of offset or recoupment, except service charges, with respect to the funds deposited pursuant to this agreement by reason of any indebtedness or claim now or later owed to or acquired by it. The Financial Institution further agrees that it will not obtain or claim a security interest in this account or in funds on deposit therein, that it will not, for the purposes of the Uniform Commercial Code, obtain or assert "control" of this account or the funds on deposit therein and that it hereby subordinates any security interest it may have or claim in this account or in the funds on deposit therein to the security interest granted to the Government in the agreement.

PART B – AGREEMENT (CONTINUED)

- e. The Financial Institution shall be under no obligation with respect to the expenditure of funds after their withdrawal from the Financial Institution in accordance with the provisions of this agreement. Upon making payment pursuant to an order or check executed by the Depositor and the authorized representative of the Government, or pursuant to the written demand or order of the Government, the Financial Institution shall be discharged from all obligations with respect to the funds so released.
- f. The Financial Institution further agrees that, it will provide a monthly statement to the Government at the address shown above. If the checking account statement does not include sufficient information to reconcile the account, (the name of the payees or the check numbers and the amount of each check), the original canceled checks or either a microfilm copy or other reasonable facsimile of the canceled checks must be provided with the statement for reconciling the account.
- g. The Financial Institution further agrees that if it did not return the original canceled checks to the Government with the statements and the Government has a need for the original canceled checks, the Financial Institution, upon request by the Government, will furnish to the Government the requested original canceled checks or a certified microfilmed copy or other reasonable certified facsimile of the canceled checks in lieu of the original canceled checks. The Financial Institution agrees to provide this service to the Government with no fees being assessed to the Government or to the Depositor's account for the service.
- h. For the purpose of this agreement and the Uniform Commercial Code, the Financial Institution's jurisdiction is the state shown in Item 6A.

NOTE TO FINANCIAL INSTITUTION: Please return signed original and copy, along with a copy of the deposit slip to the address listed in Item 5A.

8A. Name of Financial Institution's Representative	8B. Title
8C. Signature	8D. Date
9A. Name of FSA's Representative	9B. Title
9C. Signature	9D. Date
10A. Depositor's Signature	10B. Date

Privacy Act Statement: 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 Pub. L. 117 - 43, the Extending Government Funding and Delivering Emergency Assistance Act and the Pub. L. 117-328, Consolidated Appropriations Act, 2023. The information will be used to provide payments to eligible producers that apply for the Milk Loss Program. The information collected on this form may be disclosed to other Federal, State, 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 applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits and other financial assistance administered by USDA.

Public Burden Statement (Paperwork Reduction Act): 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden by emailing to: askusda@usda.gov. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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