Form Approved – OMB No. 0560-0237
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(See Page 2 for Privacy Act and Public Burden Statements.)

FSA-2041
(XX-XX-XX)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 1

ASSIGNMENT OF PROCEEDS FROM THE SALE OF PRODUCTS

PART A - GENERAL

1. Name and Address of Seller	2. Name and Address of Purchaser
3. Seller's Telephone Number	4. Purchaser's Telephone Number
5. Effective Date of Assignment	6. Product

PART B – SELLER AGREEMENT

1. In consideration of a loan made by the United States, acting through the U.S. Department of Agriculture, Farm Service Agency (FSA), the seller assigns and transfers to FSA the following percentages or amounts of the purchase price due, or which may become due, the seller from the purchaser for the above-named product sold, or which may be sold to, by, or through purchaser:

☐ *(a)* _____ percent payable *(b)* _____
☐ *(c)* $ _____ payable *(d)* _____
☐ all proceeds from sales in excess *(e)* **$** _____ payable *(f)* _____

until FSA releases or suspends this assignment in writing, giving notice of that action to purchaser. This assignment supersedes any previous assignment to FSA of income due to the seller from the above-named purchaser.

2. By signing below, the seller directs and authorizes the purchaser to make and deliver payments.

3A. Seller's Signature	3B. Date

PART C – PURCHASER ACCEPTANCE

1. The undersigned consents to and accepts the above assignment and agrees to remit to FSA the sums of money provided in the assignment, when due and payable under it. This assignment will be given priority over any subsequent assignments granted to other lenders. Payments will be identified by the seller's name and address or as otherwise agreed. If payment is made by check, the check will be payable and delivered as provided below:

☐ *(a)* To the order of the Farm Service Agency.
☐ *(b)* Jointly to the order of the seller and the Farm Service Agency.
☐ *(c)* To the order of _____

_____

_____

2. Name of Purchaser's Duly Authorized Officer	3. Title
4. Signature	5. Date

PART D – FSA USE ONLY	
1. Name of Agency Official	2. Title
3. Signature	4. Date
5. Address of FSA Office	6. Telephone Number

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 Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 et. seq.). The information will be used to determine applicant/borrower ability to participate in and receive benefits under an FSA Loan Program. 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 determination that the applicant/borrower is unable to participate in and receive benefits under an FSA Loan Program.*

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 0560-0237. 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. 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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