Form Approved – OMB No. 0560-0237
Expiration Date: XX/XX/XXXX

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FSA-2042 (XX-XX-XX)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 1

CONSENT TO PAYMENT OF PROCEEDS FROM SALE OF PRODUCTS

PART A - GENERAL

1. Name and Address of Seller	3. Name and Address of Purchaser
2. Seller's Telephone Number	4. Purchaser's Telephone Number
5. Effective Date of Consent	6. Products Purchased

PART B – SELLER AGREEMENT

1. The United States, acting through the U.S. Department of Agriculture, Farm Service Agency (FSA), holds a perfected security interest in the above named products, and in the proceeds thereof, which security interest shall remain in full force and effect. However, until the Purchaser is otherwise notified in writing by FSA, such security interest in any such product sold to, by, or through the Purchaser will be satisfied only upon payment, therefore, by the Purchaser to FSA:

   ☐ *(a)* _____ percent of the purchase price figured to the nearest dollar, payable *(b)* _____

   ☐ *(c)* $ _____ of the purchase price or the full purchase price if less than that amount payable *(d)* _____

   ☐ all proceeds from sales in excess of *(e)* $ _____ payable *(f)* _____ until FSA releases or suspends this assignment in writing, giving notice of that action to Purchaser.

2. This consent supersedes any previous consent from FSA or assignment to FSA by the Seller regarding such payments.

3A. Signature of Seller	3B. Date

PART C – PURCHASER ACCEPTANCE

1. The undersigned consents to the above and agrees to remit the sum of money provided above, when due and payable. 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 for Purchaser	3. Title
4. Signature	5. Date

PART D – FSA USE	
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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