

**TEMPORARY AMENDMENT OF CONSENT TO PAYMENT OF PROCEEDS FROM SALE
OF FARM PRODUCTS**

INSTRUCTIONS FOR PREPARATION

Purpose: This form is used by the borrower to obtain a temporary amendment of consent to payment of proceeds from sale of farm products.	
Handbook Reference: 4 FLP	Number of Copies: Original(s) and 2 copy
Signatures Required: FSA official and purchaser's signature.	
Distribution of Copies: The original and two copies, the original is placed in the borrower's office file, copy to the borrower and purchaser.	
Automation-Related Transactions: (Instructions for writers: provide only the information required, i.e. ADPS TC 3K. If no automation actions are required, insert N/A) N/A	

Purchaser must complete Part A.

SELLER/Borrower must complete Part B.

FSA Official must complete Part C

Part A.

Items 1A – 2B are completed by the Purchaser.

Fld Name / Item No.	Instruction
1A Name and Address of Purchaser	Enter purchaser's name and address (<i>including Zip Code</i>).
1B Telephone number of Purchaser	Enter the purchaser's telephone number (<i>including Area Code</i>).

Fld Name / Item No.	Instruction
1C Purchaser's Signature	Enter the purchaser's signature.
1D Title	Enter the title of purchaser.
1E Date	Enter the date the purchaser signed form.

Part B.**Items 2A and 2B are completed by the Borrower.**

2A Name and Address of Borrower	Enter borrower's name and address (<i>including Zip Code</i>).
2B Telephone number of Borrower	Enter the borrower's telephone number (<i>including Area Code</i>).

Part C**Items 3(a) – 4E are completed by the Agency Official.**

3 FSA-2041, FSA-2042 or FSA-2043	Enter a checkmark in the appropriate checkbox to indicate that you wish to execute form FSA-2041, FSA-2042 or FSA-2043.
3(a) Consent to Payment or Assignment of Proceeds Date	Enter the date either form FSA-2042 or FSA-2043 was executed.
3(b) Date Amendment Begins	Enter the date of the beginning of the amendment period.
3(c) Date Amendment Ends	Enter the date the amendment period ends.

Fld Name / Item No.	Instruction
3(d) Purchase Price	If appropriate, check the box and enter dollar amount of the purchase price to be paid to FSA.
3(e) Percent of Purchase Price	If appropriate, check the box and enter the percentage of the purchase price to be paid to FSA.
3(f) Periodic payments	Enter the appropriate period of payments, such as weekly, monthly, etc
3(g) Balance of Purchase Price	Check the box if the balance of the purchase price will be paid to the borrower.
4A FSA County Office Name and	Enter the FSA County Office name and address (<i>including Zip Code</i>).
4B FSA County Office Phone	Enter FSA County Office telephone number (<i>including Area Code</i>).
4C Signature	Enter signature of FSA official.
4D Title	Enter the title of FSA official.
4E Date Signed	Enter the date FSA official signed.