

FSA-2425
(XX-XX-26)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

REQUEST TO CANCEL UNDISBURSED LOAN FUNDS

INSTRUCTIONS: Return this completed form to your County FSA Office.

PART A – BORROWER'S REQUEST

1. Borrower's Exact Full Legal Name	2. Address
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I request the remaining undisbursed loan balance be cancelled and authorize the United States, acting through the U.S. Department of Agriculture, Farm Service Agency to deduct the unused amount (3) \$ _____ from the principal balance on loan number (4) _____, dated (5) _____

6. Signature	7. Date (MM/DD/YYYY)
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PART B - FSA APPROVAL

NOTE: FSA-2072, must be attached to signed FSA-2425.

8. FSA's Decision: ☐ Approved ☐ Disapproved

9. Name	10. Title
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11. Signature	12. Date (MM/DD/YYYY)
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13. Original Amount \$	14. Cancelled Amount \$
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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 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.

Public Burden Statement (Paperwork Reduction Act): According to the Paperwork Reduction Act requirement, 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 0560-0236. 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 (Subject: OMB NO. 0560-0236).

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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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