Farm Asset Reinvestment Management (FARM) WHEDA Guarantee

Lender Update Form

LENDER NUMBER _____

OLD INFORMATION			NEW INFORMATION		
LENDER NAME			LENDER NAM	IE	
CONTACT PERSON			CONTACT PE	RSON	
STREET ADDRESS			STREET ADDR	ESS	
MAILING ADDRESS			MAILING ADD	DRESS	
CITY			CITY		
STATE			STATE		
ZIP CODE			ZIP CODE		
TELEPHONE NUMBE	R		TELEPHONE N	NUMBER	
FAX NUMBER			FAX NUMBER	ł	
EMAIL ADDRESS			EMAIL ADDR	ESS	
I	Is this a new branch?	□ Ye	25	No No	

Authorized Signature	Title			
Print Name	Date			
Mail or Fax to: FARM WHEDA				
PO Box 1728				
Madison WI 53701-1728				
(6	08) 267-1099			