

PROCOT COOPERATIVE

Producer Deferral Form for Crop Year ____ - ____

The undersigned Producer authorizes deferral of the following farms in ProCot Cooperative for the above crop year and agrees to the terms of the ProCot Cooperative Enrollment and Membership Agreement for said crop year in the form executed by the producer, and agrees to the ProCot Membership and Marketing Agreement for said crop year.

Farms

FSA Farm Number	FSA State Code	FSA County Code	Tract/Unit	Cotton Acres Planted on Farm	Defer Payment to Producer	% to Defer	\$ Amount to Defer	Date Payment Requested

PRODUCER

{Name}
 { Address }
 { City, State, Postal Code }

{ SSN/TIN }

ASSOCIATION:

ProCot Cooperative
 7255 Goodlett Farms Parkway
 PO Box 2375, Cordova, TN 38018-2375

Signature: _____

 Printed name of person signing

