



**PAYMENTS WILL BE LISTED ON THE REGISTER OF COLLECTIONS IMMEDIATELY UPON RECEIPT.**

1. Number of pages necessary to register all collections for this deposit.
2. Enter the date this register begins.
3. Enter amount collected on date entered at (2). If collections are less than \$1000 or \$100 cash and you elect to hold deposits until minimum is reached, you may continue the register for up to three (3) days. A deposit must be made on the third day. Draw a line under the last information entered on day entered at (2) and continue listing next day.
4. Enter second date, if no deposit made for date entered at (2).
5. Enter amount collected in date entered at (4). If total of all collections entered at (3) and (5) are less than \$1000 or \$100 cash and you elect to hold deposits until the third day, you may continue this register. A deposit must be made on the third day. Draw a line under the last information entered on date at (4) before entering information for third day.
6. Enter third date.
7. Enter amount collected on date entered at (6).
8. Enter date and total amount submitted to the wholesale lockbox. (Total of Column (13).)
9. Number the accounts to be credited.
10. Enter name and case number. Indicate any FSA collections as "FSA" with a date forwarded to the local FSA office.
11. Enter the total amount collected for the name entered at (10).
12. Enter the fund code and loan number to be credited; use additional lines as necessary if more than one loan will receive credit from total amount collected. (Ditto marks for name if more lines are necessary.)
13. Enter amount applied to fund code and loan number entered at (12). Be sure amount applied to loan codes equals amount entered at (11). Do not include payments transferred to FSA.
14. Enter date borrower is to receive credit for this payment.
15. Enter check mark if payment was made by cash.
16. Enter if payment was made by check, money order, or third party check.
17. Enter if payment was reported to Finance Office by OCR or EDPS coupons.
18. Enter schedule number of Forms RD 451-2 and 3550-17.
19. For local office use. Indicate the amount of any payments transferred to FSA.

VERIFICATION OF COLUMN (13) AND AMOUNT COLLECTED WILL BE SIGNED ON LAST PAGE BY PERSON PREPARING FORM RD 1951-6, "Field Office Remittance Reconciliation Report."