

For: State and County Offices

Updated CCC-36, Assignment of Payment and CCC-37, Joint Payment Authorization

Approved by: Administrator



1 Overview

A Background

On October 14, 2018, FSA, NRCS, and RMA were realigned into the Farm Production and Conservation (FPAC) mission area. Along with this realignment was the stand-up of the FPAC Business Center. The FPAC Business Center’s FMD focuses on improving financial business processes throughout FPAC to include revising CCC-36 and CCC-37. Specifically, CCC-36 was revised to provide a single form to serve both FSA and NRCS. CCC-37 was revised and will continue to be for FSA use only.

B Purpose

This notice provides guidance and instructions for using the revised:

- CCC-36
- CCC-37.

| | |
|----------------------|--|
| Disposal Date | Distribution |
| December 1, 2021 | State Offices; State Offices relay to County Offices |

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1 Overview (Continued)

C Contact

If there are questions about this notice, State and County Offices will contact either of the following.

| Issue | Contact |
|---|--|
| hardware and software | <p>Contact the FPAC Service Desk at 800-255-2434.</p> <p>Note: Select option 2 for FSA hardware and software applications.</p> |
| financial policy questions related to this notice | <p>FPAC Business Center Financial Management Division (FMD) – Financial Operations Branch, Payment Operations Section. Questions should be submitted through FPAC Portal - myFPAC Services (servicenowservices.com):</p> <ul style="list-style-type: none"> • select “Financial Management” from the MyFPAC Services homepage • complete the fields on the Financial Management intake page: <ul style="list-style-type: none"> • under Request Type, select “Payment Operations” • under Request Type Subcategory, select “FSA Service Center Status of Payment Assistance” • under Requesting On Behalf of, enter the requestor’s e-mail address • under Description of Request, enter a description of the request. • CLICK “Add attachments” to attach supporting documents if any • CLICK “Submit” to enter the ticket immediately into the workflow queue. |

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2 FSA County Office Procedures for Receiving Revised CCC-36

A CCC-36

Updated CCC-36 will now be used to elect assignment of payments. CCC-36 provides a list of FSA programs (See subparagraph C). County Office employees shall use the updated forms to enter the program election by customers in FSA Financial Services (FSAFS) web application. Assignment can be established in FSAFS either by using Payment Category or Program Code option. The Multiple Year Assignment option is used for CRP Annual Rental Payments, to enter multiple year for contracts that extend to 10 or 15 years. Revised CCC-36 **does not** change current FSA policies or procedures in 63-FI, subparagraph 74 C, for web application assignment policy and procedures.

FSA County Office personnel will use the revised form to enter the assignment election for their customer(s). The CCC-36 is available at <https://intranet.fsa.usda.gov/dam/ffasforms/currentforms.asp>.

Note: All previous assignments will continue to be honored in the order in which they were received and will only be applied to the county in which it was first applicable.

B Submitting Forms to a County Office

Customers may submit a completed CCC-36 to any FSA County Office to be entered into the Financial Services web application. County Office data entry requires a second user for verification. The second user may be located in the same County Office or from another County Office.

Note: When there is no second user available, an employee from another County Office may perform this action by sending a scanned copy of the form by email or FAX to the secondary user to complete the verification process.

SF-3881 is required to be filed to elect direct deposit of payments to a financial institution. See 63-FI, paragraph 31, for additional information. Notice FI-3436, provides updated information on paper checks and increasing electronic payments.

C FSA Programs List

FSA County Office **must** review the program(s) listed on the customer's CCC-36 to verify that the programs listed apply to FSA only. Part B of the CCC-36 has been updated to include the following FSA programs:

- Agriculture Risk Coverage (ARC)
- Conservation Reserve Program Annual Rental (CRP)
- Coronavirus Food Assistance Program (CFAP)
- Coronavirus Food Assistance Program 2.0 (CFAP2)
- Emergency Assistance Livestock Honeybees and Farm Raised Fish Program (ELAP)
- Livestock Forage Program (LFP)

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2 FSA County Office Procedures for Receiving Revised CCC-36 (Continued)

C FSA Programs List (Continued)

- Livestock Indemnity Program (LIP)
- eLoan Deficiency Web Payment (eLDP)
- Noninsured Crop Disaster Assistance (NAP)
- Price Loss Coverage (PLC)
- Wildfires and Hurricanes Indemnity Program Plus (WHIP+).

Note: If an FSA program name is not listed, then the customer may write the program name in item 10, “Other Program Name”.

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2 FSA County Office Procedures for Receiving Revised CCC-36 (Continued)

D Example of CCC-36

Use item 9 or item 13 to identify the State, County, and Reference Number (contract number(s), farm number, loan number, etc. that identifies the assignment of payment), if applicable. Following is an example of the revised CCC-36.

Note: Part B of the revised CCC-36 is for FSA use only.

| | | | | | | |
|---|---|--------|---|--------|---|---|
| Form Approved - OMB No. 0560-0183 Expiration date (09/30/2024) See Page 2 for Privacy Act and Public Burden Statements | | | | | | |
| CCC-36 (09-14-21) | U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation | | | | 1. Check Applicable Agency <i>(only one)</i> <input type="checkbox"/> FSA <input type="checkbox"/> NRCS | |
| ASSIGNMENT OF PAYMENT | | | | | | |
| PART A - GENERAL INFORMATION | | | | | | |
| 2. PRODUCER (ASSIGNOR'S) NAME AND ADDRESS <i>(Including Zip Code)</i> | | | 3. ASSIGNEE'S NAME AND ADDRESS <i>(Including Zip Code)</i> | | | |
| 4. PRODUCER (ASSIGNOR'S) TAX IDENTIFICATION NUMBER <i>(9 Digit Number)</i> | | | 5. ASSIGNEE'S TAX IDENTIFICATION NUMBER <i>(9 Digit Number)</i> | | | |
| 6. ASSIGNEE'S ELECTRONIC FUND TRANSFER INFORMATION: Direct Deposit to Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | | | | | |
| Bank Information: Routing Number: | | | Financial Institution Name | | | |
| Account Number: | | | Address | | | |
| PART B - FSA APPLICABLE PROGRAM(S) | | | | | | |
| 7. Program <i>(FSA use only)</i> | 8. Assigned Amount for Each Applicable Program Year | | | | | 9. State, County, and Reference No. If Applicable |
| | YEAR | YEAR | YEAR | YEAR | YEAR | |
| Agricultural Risk Coverage (ARC) | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | |
| Price Loss Coverage (PLC) | YEAR | YEAR | YEAR | YEAR | YEAR | |
| | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | |
| Conservation Reserve Program Annual Rental (CRP) | YEAR | YEAR | YEAR | YEAR | YEAR | |
| | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | |
| | YEAR | YEAR | YEAR | YEAR | YEAR | |
| | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | |
| Coronavirus Food Assistance Program (CFAP) | YEAR | YEAR | YEAR | YEAR | YEAR | |
| | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | |
| Coronavirus Food Assistance Program 2.0 (CFAP2) | YEAR | YEAR | YEAR | YEAR | YEAR | |
| | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | |
| Emergency Assistance Livestock Honeybees and Farm Raised Fish Program (ELAP) | YEAR | YEAR | YEAR | YEAR | YEAR | |
| | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | |
| Livestock Forage Program (LFP) | YEAR | YEAR | YEAR | YEAR | YEAR | |
| | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | |
| Livestock Indemnity Program (LIP) | YEAR | YEAR | YEAR | YEAR | YEAR | |
| | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | |
| eLoan Deficiency Web Payment (eLDP) | YEAR | YEAR | YEAR | YEAR | YEAR | |
| | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | |
| Noninsured Crop Disaster Assistance (NAP) | YEAR | YEAR | YEAR | YEAR | YEAR | |
| | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | |
| Wildfires and Hurricanes Indemnity Program Plus (WHIP+) | YEAR | YEAR | YEAR | YEAR | YEAR | |
| | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | |

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2 FSA County Office Procedures for Receiving Revised CCC-36 (Continued)

D Example of CCC-36 (Continued)

| | | | |
|--|---|------------------------|---|
| CCC-36 (09-14-21) | | Page 2 of 3 | |
| PART B – FSA APPLICABLE PROGRAM(S) <i>Continued</i> | | | |
| 10. Other Program Name (<i>FSA use only</i>) | 11. Program Year, or Payment Year | 12. Assigned Amount | 13. State, County, and Reference No., If Applicable |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| PART C – NRCS APPLICABLE PROGRAM (S) (<i>Use only by NRCS</i>) | | | |
| 14. Program Name (<i>NRCS use only</i>) | 15. Program Year, or Payment Year | 16. Assigned Amount | 17. State, County, and Reference No., If Applicable |
| Agricultural Conservation Easement Program (ACEP) | | \$ | |
| Agricultural Management Assistance (AMA) | | \$ | |
| Conservation Stewardship Program (CSP) | | \$ | |
| Environmental Quality Incentives Program (EQIP) | | \$ | |
| Grassland Reserve Program (GRP) | | \$ | |
| Regional Conservation Partnership Program (RCPP) | | \$ | |
| | | \$ | |
| | | \$ | |
| PART D - REPRESENTATION OF ASSIGNOR AND ASSIGNEE | | | |
| <p><i>In order to assign a cash payment in accordance with the programs specified by the assignor in Item 7, 10, and 14, this form must be completed by both the assignor and the assignee. Assignment is effective for all counties unless specified on Item 8, 12, or Item 16. This assignment is applicable only to programs publicly announced before this form is filed and is subject to the terms stated in this form and the provisions of 7 CFR Part 1404.</i></p> <p><i>The assignee agrees to repay promptly to the Federal Government any amount by which the assigned payment exceeds the amount secured by the assignment. The assignor and the assignee agree that they will promptly notify the FSA or NRCS county office of any change affecting this assignment. This assignment may be revoked at any time by written request signed by the assignee.</i></p> | | | |
| 18A. Producer's (Assignor's) Signature (By) | 18B. Title/Relationship of the Individual if Signing in a Representative Capacity | 18C. Date (MM-DD-YYYY) | |
| | | | |
| 19A. Assignee's Signature (By) | 19B. Title/Relationship of the Individual if Signing in a Representative Capacity | 19C. Date (MM-DD-YYYY) | |
| | | | |
| PART E - REVOCATION OF ASSIGNMENT | | | |
| Assignment of payment authorization above is hereby revoked. | | | |
| 20A. Assignee's Signature (By) | 20B. Title/Relationship of the Individual if Signing in a Representative Capacity | 20C. Date (MM-DD-YYYY) | |
| | | | |

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2 FSA County Office Procedures for Receiving Revised CCC-36 (Continued)

D Example of CCC-36 (Continued)

| | | |
|---|-----------------------------|--|
| CCC-36 (09-14-21) | | Page 3 of 3 |
| FOR COUNTY OFFICE USE ONLY | | |
| 21. Receiving State and County | 22. Date Filed (MM-DD-YYYY) | 23. Time Filed |
| SPECIAL PROVISIONS RELATING TO ASSIGNMENTS | | |
| <p>A. Assignment is effective for all counties unless a specific county is entered in Item 9, 13, or Item 17.</p> <p>B. If the assignor assigns a specified value of payments to more than one assignee:</p> <ol style="list-style-type: none"> 1. CCC, FSA and NRCS will recognize assignments for each program per program year or group of years if multi-year is selected. 2. Assignments will be honored in chronological sequence based on the order of filing with the FSA or NRCS county office. <p>C. The payment due the assignor may be applied first against indebtedness owing by the assignor to the United States, including debts arising after the execution of a Form CCC-36, which may be offset in accordance with the regulations governing, 7 CFR Parts 3, 1403, and 1951, and any balance will be subject to assignment.</p> <p>D. Neither the United States of America, the CCC, FSA, NRCS, the Secretary of Agriculture, any disbursing officer, nor any other Government employee or official shall be subject to any suit or liable for payment of any amount if payment is inadvertently made to the assignor without regard to this assignment.</p> <p>E. This assignment does not extend to any successor of the assignee, nor may the assignee re-assign this assignment.</p> <p>F. The assignee's payment is subject to offset for any delinquent Federal debt owed by the assignee.</p> | | |
| 24A. FSA or NRCS COUNTY OFFICE NAME AND ADDRESS (Including Zip Code) | | 24B. TELEPHONE NO. (Including area code) |
| <p>NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is the Soil Conservation and Domestic Allotment Act (16 U.S.C. 590h(g)), the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agricultural Improvement Act of 2018 (P.L. 115-334) and 7 CFR Part 1404. The information will be used to assign payments made under applicable CCC, FSA, and/or NRCS programs to a designated assignee. The information collected on this form may be disclosed to other Federal, State, 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 applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and for USDA/NRCS-1, Landowner, Operator, Producer, Cooperator, or Participant Files. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination that the Assignor is unable to assign applicable CCC, FSA, and/or NRCS program payments to a designated assignee.</p> <p>Public Burden Statement: Public reporting burden for this collection is estimated to average 10 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection or FSA may not conduct or sponsor a collection of information unless it displays a valid OMB control number of 0560-0183.</p> <p>Paperwork Reduction Act (PRA) Statement: For certain FSA, CCC programs such as ARC, PLC, CRP, ELAP, LIP, eLDP, and NRCS programs ACEP, AMA, CSP, EQIP, GRP, RCPP, the information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). RETURN THE COMPLETED FORM TO YOUR FSA OFFICE OR NRCS COUNTY OFFICE.</p> | | |
| <p>In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.</p> <p>Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.</p> <p>To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html 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 Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.</p> | | |

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2 FSA County Office Procedures for Receiving Revised CCC-36 (Continued)

E FSA Instructions for Completing CCC-36

| Item No. | Instructions |
|---|---|
| 1 | Check (✓) box for the applicable agency (FSA). |
| Part A - General Information | |
| 2 | Enter producer's (assignor's) name and address (including ZIP Code). |
| 3 | Enter the assignee's name and address (including ZIP Code). |
| 4 | Enter the producer's (assignor's) 9-digit tax identification number (TIN). |
| 5 | <p>Enter assignee's 9-digit TIN (enter the social security number when the assignee is an individual or enter the employer tax ID when the assignee is a company or a financial institution). The bank routing number is not acceptable as the tax ID.</p> <p>Notes: Assignee must provide tax identification information to the County Office.</p> <p>If the assignee wishes to receive payment by EFT, the assignee must complete item 6.</p> <p>The Assignee's TIN must be in SCIMS.</p> |
| 6 | Enter the assignee's electronic fund transfer information. |
| Part B – FSA Applicable Program(s) | |
| 7 | Select the applicable program category. |
| 8 | Enter the applicable program years and the total assignment amount for the selected program category. |
| 9 | <p>Enter State, county, and reference number, if applicable.</p> <p>Note: If the State and county is not specified, the assignment will be applicable to all counties in which the producer is associated. State, county, and reference number is necessary only if the assignor expects multiple payments for the same program category to be assigned to different assignees.</p> |
| 10 | Enter the name of any other programs not listed in item 7. |

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2 FSA County Office Procedures for Receiving Revised CCC-36 (Continued)

E FSA Instructions for Completing CCC-36

| Part B – FSA Applicable Program(s) (Continued) | |
|---|---|
| 11 | Enter the year of the applicable program year or payment year of the assigned program name entered in item 10. |
| 12 | Enter the estimated amount of payment that benefits are to be assigned. |
| 13 | Enter the State, county, and reference number, if applicable. Note: If the State and county is not specified, the assignment will be applicable to all counties in which the producer is associated. State, county, and reference number is necessary only if the assignor expects multiple payments for the same program code to be assigned to different assignees. |
| Part C – NRCS Applicable Program(s) (Use only by NRCS) | |
| 14 through 17 | NRCS use only . |
| Part D – Representation of Assignor and Assignee | |
| 18A | Ensure that the producer (assignor) or representative signs. |
| 18B | If item 18A is signed by a representative, enter title/relationship to the producer (assignor). |
| 18C | Ensure that producer/representative enters the date. |
| 19A | Ensure that the assignee or representative signs. |
| 19B | If item 19A is signed by a representative, enter title/relationship to the assignee. |
| 19C | Ensure that assignee/representative enters the date. |
| Part E - Revocation of Assignment | |
| 20A | Ensure that the assignee or representative signs. |
| 20B | If item 20A is signed by a representative, enter title/relationship to the assignee. |
| 20C | Ensure that assignee/representative enters the date. |
| For County Office Use Only | |
| 21 | Enter receiving State and county name and identification code. |
| 22 | Enter the date filed. |
| 23 | Enter the time filed. |
| 24A | Enter the FSA County Office name and address (including ZIP Code). |
| 24B | Enter the FSA County Office telephone number (including area code). |

Notice FI-3443

3 CCC-37, Joint Payment Authorization

A CCC-37 Procedures

The CCC-37 is for FSA use only. A joint payment can be established by using the program code or program category option in the Financial Service web application. See 63-FI, subparagraph 145 C for policy and procedures on establishing joint Payments.

B Example of CCC-37

Following is an example of CCC-37.

| | | | | | |
|---|---------------------------------------|--|--|---------------------------------------|---|
| Form Approved - OMB No. 0560-0183 Expiration date (09/30/2024) See Page 2 for Privacy Act and Public Burden Statements. | | | | | |
| CCC-37 (09-14-21) | | U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation | | | |
| JOINT PAYMENT AUTHORIZATION | | | | | |
| PART A GENERAL INFORMATION | | | | | |
| 1. Producer's (Assignor's) Name and Address (Including Zip Code) | | | 2. Joint Payee's Name and Address (Including Zip Code) | | |
| 3. Producer's (Assignor's) Tax Identification Number (9 Digit Number) | | | | | |
| PART B APPLICABLE PROGRAM(S) | | | | | |
| 4. Program | 5. Program Year or Payment Year | 6. State, County, and Reference No., If Applicable | 4. Program | 5. Program Year or Payment Year | 6. State, County, and Reference No., If Applicable |
| Agricultural Risk Coverage (ARC) | FROM: TO: | | Other: | FROM: TO: | |
| Price Loss Coverage (PLC) | FROM: TO: | | Other: | FROM: TO: | |
| Conservation Reserve Program Annual Rental (CRP) | FROM: TO: | | Other: | FROM: TO: | |
| Coronavirus Food Assistance Program (CFAP) | FROM: TO: | | Other: | FROM: TO: | |
| Coronavirus Food Assistance Program 2 (CFAP2) | FROM: TO: | | Other: | FROM: TO: | |
| Emergency Assistance Livestock Honeybees and Farm-Raised Fish Program (ELAP) | FROM: TO: | | Other: | FROM: TO: | |
| Livestock Forage Program (LFP) | FROM: TO: | | Other: | FROM: TO: | |
| Livestock Indemnity Program (LIP) | FROM: TO: | | Other: | FROM: TO: | |
| eLoan Deficiency Web Payment (eLDP) | FROM: TO: | | Other: | FROM: TO: | |
| Noninsured Crop Disaster Assistance Program (NAP) | FROM: TO: | | Other: | FROM: TO: | |
| Wildfires and Hurricanes Indemnity Program Plus (WHIP+) | FROM: TO: | | Other: | FROM: TO: | |
| Other (All CRP, other than annual rental): | FROM: TO: | | Other: | FROM: TO: | |

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3 CCC-37, Joint Payment Authorization (Continued)

B Example of CCC-37 (Continued)

| | | |
|---|--|---|
| CCC-37 (09-14-21) | | Page 2 of 2 |
| PART C JOINT PAYMENT AUTHORIZATION | | |
| <p>The undersigned assignor and joint payee request that CCC or FSA, as applicable, make the payments specified in Item 4 payable jointly to the specified assignor and the undersigned joint payee. Both the assignor and the joint payee agree that this authorization in no way affects the right of offset by CCC, FSA, or any other Government agency, regardless of the date the debt was incurred. Both the assignor and joint payee understand and agree that if the assignor files a Form CCC-36, Assignment of Payment, with CCC or FSA, for any program covered by this joint payment authorization, regardless of the date the assignment was filed, the assignment takes precedence and will be honored by CCC and FSA as though the assignment was filed prior to the joint payment authorization. Additional payments or remaining amounts due after assignments have been honored will be made payable to the joint payees identified on this form, subject to the aforementioned right of offset by Government agencies.</p> <p>This authorization may be revoked at any time by the joint payee by completing Part D of this form or by submitting a written request signed by the joint payee to the FSA County office making the payment.</p> | | |
| 7A. Producer's Signature (By) | 7B. Title/Relationship of the Individual if Signing in a Representative Capacity | 7C. Date (MM-DD-YYYY) |
| 8A. Joint Payee's Signature (By) | 8B. Title/Relationship of the Individual if Signing in a Representative Capacity | 8C. Date (MM-DD-YYYY) |
| PART D REVOCATION OF JOINT PAYMENT AUTHORIZATION | | |
| Revocation of this authorization requires the signature of the joint payee. Joint payment authorization above is hereby revoked. | | |
| 9A. Joint Payee's Signature (By) | 9B. Title/Relationship of the Individual if Signing in a Representative Capacity | 9C. Date (MM-DD-YYYY) |
| FOR COUNTY OFFICE USE ONLY | | |
| 10. Receiving State and County | 11. Date Filed (MM-DD-YYYY) | 12. Time Filed |
| SPECIAL PROVISIONS RELATING TO JOINT PAYMENT AUTHORIZATION | | |
| <p>A. The original of this joint payment authorization, properly executed, must be filed in the FSA County office.</p> <p>B. CCC and FSA will recognize only one joint payment authorization at any given time per assignor for each program per program year or group of years if multi-year is selected.</p> <p>C. Neither the United States of America, the Commodity Credit Corporation, the Secretary of Agriculture, any disbursing officer, nor any other Government employee or official shall be subject to any suit or liable for payment of any amount if payment is inadvertently made to the assignor without regard to this joint payment authorization.</p> <p>D. This joint payment authorization does not extend to any successor of the joint payee.</p> <p>E. This joint payment authorization is effective for all counties unless specify on Part B, Item 6.</p> <p>F. This joint payment authorization is subject to offset for any delinquent Federal debt owed by the assignor</p> | | |
| 13A. FSA County Office Name and Address (Including Zip Code) | | 13B. Telephone Number (Including area code) |
| <p>NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is the Soil Conservation and Domestic Allotment Act (16 U.S.C. 590h(g)), the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Ahe Agricultural Improvement Act of 2018 (P.L. 115-334) (7 U.S.C. 9094) and 7 CFR Part 1404. The information will be used to assign payments made under applicable CCC, FSA, and/or NRCS programs to a designated assignee. The information collected on this form may be disclosed to other Federal, State, 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 applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and for USDA/NRCS-1, Landowner, Operator, Producer, Cooperator, or Participant Files. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination that the Assignor is unable to assign applicable CCC, FSA, and/or NRCS program payments to a designated assignee.</p> <p>Public Burden Statement: Public reporting burden for this collection is estimated to average 10 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection or FSA may not conduct or sponsor a collection of information unless it displays a valid OMB control number of 0560-0183.</p> <p>Paperwork Reduction Act (PRA) Statement: For certain FSA, CCC programs such as ARC, PLC, CRP, ELAP, LIP, eLDP, and NRCS programs ACEP, AMA, CSP, EQIP, GRP, RCPP the information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). RETURN THE COMPLETED FORM TO THE FSA COUNTY OFFICE.</p> | | |
| <p><i>In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.</i></p> <p><i>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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.</i></p> <p><i>To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html 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 Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.inlake@usda.gov. USDA is an equal opportunity provider, employer, and lender.</i></p> | | |

Notice FI-3443

3 CCC-37, Joint Payment Authorization (Continued)

C Instructions for Completing CCC-37

| Item | Instructions |
|---|--|
| Part A – General Information | |
| 1 | Enter the producer’s (assignor’s) name and address (including ZIP Code). |
| 2 | Enter the joint payee’s name and address (including ZIP Code). |
| 3 | Enter the producer’s (assignor’s) 9 digit tax identification number (TIN). |
| Part B – Applicable Program(s) | |
| 4 | Select applicable program from programs listed or add program alpha code in “Other” box. |
| 5 | Enter the “From” and “To” years of the applicable program or payment year, next to the program name listed in item 4. |
| 6 | If applicable enter State, county, and reference number, (contract number(s), farm number, loan number, etc.). Note: If the State and county are not specified, the joint payment will be applicable to all counties in which the producer is associated. State, county and reference number is necessary only if multiple payments for the same program code needs a different payee. |
| Part C – Joint Payment Authorization | |
| 7A | Ensure the producer, or the authorized person who is acting in a representative capacity, signs. |
| 7B | If item 7A is signed by a representative, enter title/relationship of the individual. |
| 7C | Ensure that producer or representative enters the date. |
| 8A | Ensure that joint payee or authorized agent signs. |
| 8B | If item 8A is signed by a representative, enter title/relationship of the individual. |
| 8C | Ensure that producer/representative enters the date. |
| Part D – Revocation of Joint Payment Authorization | |
| 9A | Ensure that joint payee or authorized agent signs to revoke the existing joint payment authority. |
| 9B | If item 9A is signed by a representative, enter title/relationship of the individual. |
| 9C | Ensure that producer/representative enters the date. |
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| 10 | Enter the receiving State and County Office. |
| 11 | Enter the date filed. |
| 12 | Enter the time filed. |
| 13A | Enter the County Office’s name and address (including ZIP Code). |
| 13B | Enter the County Office’s telephone number (including the area code). |