UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency Washington, DC 20250

For: State and County Offices

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

Approved by: Administrator

Sach Duchencomp

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 |

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 | Contact the FPAC Service Desk at 800-255-2434. |
| | Note: Select option 2 for FSA hardware and software applications. |
| financial policy questions related to this notice | FPAC Business Center Financial Management Division (FMD) – Financial Operations Branch, Payment Operations Section. Questions should be submitted through FPAC Portal - myFPAC Services (servicenowservices.com): |
| | select "Financial Management" from the MyFPAC Services homepage |
| | • complete the fields on the Financial Management intake page: |
| | • 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. |

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)

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".

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.

| CCC-36 | U.S. | DEPARTMENT Commodity Cre | OF AGRICUL dit Corporatior | TURE | | 1. Check Applicable Agency (only one) |
|---|--------------|-----------------------------|-------------------------------|-----------------------|----------------|---|
| (00-14-21) | | | | | | |
| PART A - GENERAL INFO | RMATION | | | | | |
| PRODUCER (ASSIGNOR (Including Zip Code) | 'S) NAME AND | ADDRESS | | 3. ASSIGNEE'S | NAME AND ADD | RESS (Including Zip Code) |
| 4. PRODUCER (ASSIGNOR (9 Digit Number) | S) TAX IDENT | IFICATION NUM | MBER | 5. ASSIGNEE'S | TAX IDENTIFICA | TION NUMBER (9 Digit Number) |
| 6. ASSIGNEE'S ELECTRO | NIC FUND TR | ANSFER INFOR | MATION: [| Direct Deposit to Ad | ccount Type: | Checking Savings |
| Bank Information: Routing | Number: | | | Financial Institution | on Name | |
| Account Number: | | | | Address | | |
| | | 1(5) | | | | |
| FART B - FSA APPLICAB 7. | | (3) | 8. | | | 9. |
| Program (FSA use only) | | Assigned Amou | int for Each Ap | plicable Program Y | 'ear | State, County, and Reference No, If Applicable |
| Agricultural Risk | YEAR | YEAR | YEAR | YEAR | YEAR | |
| Coverage (ARC) | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | |
| Price Loss Coverage | YEAR | YEAR | YEAR | YEAR | YEAR | |
| (PLC) | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | 1000 |
| | YEAR | YEAR | YEAR | YEAR | YEAR | |
| Conservation Reserve | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | |
| Program Annual Rental (CRP) | YEAR | YEAR | YEAR | YEAR | YEAR | |
| | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | 18-94 |
| Coronavirus Food | YEAR | YEAR | YEAR | YEAR | YEAR | |
| Assistance Program (CFAP) | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | |
| Coronavirus Food | YEAR | YEAR | YEAR | YEAR | YEAR | |
| Assistance Program 2.0 (CFAP2) | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | - |
| Emergency Assistance | YEAR | YEAR | YEAR | YEAR | YEAR | |
| Farm Raised Fish | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | |
| Livesteck Foress | YEAR | YEAR | YEAR | YEAR | YEAR | |
| Program (LFP) | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | |
| | YEAR | YEAR | YEAR | YEAR | YEAR | |
| Livestock indemnity Program (LIP) | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | 1 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | YEAR | YEAR | YEAR | YEAR | YEAR | |
| Payment (eLDP) | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | |
| Newigeword C. D' | YEAR | YEAR | YEAR | YEAR | YEAR | |
| Noninsured Crop Disaster Assistance (NAP) | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | |
| Wildfires and Hurricanes | YEAR | YEAR | YEAR | YEAR | YEAR | |
| Indemnity Program Plus | AMOUNT | AMOUNT | AMOUNT | AMOUNT | | |

D Example of CCC-36 (Continued)

| ART B – FSA APPLICABLE PROGRAM(S) Contin | nued | | | |
|---|---|--|---|--|
| 10. Other Program Name <i>(FSA use only)</i> | 11. Program Year, or Payment Year | 12. Assigned Amount | State, | 13. County, and Reference No., If Applicable |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| RT C – NRCS APPLICABLE PROGRAM (S) (<i>Us</i> | e only by NRCS) | | | |
| 14. Program Name <i>(NRCS use only</i>) | 15. Program Year, or Payment Year | 16. Assigned Amount | State, | 17. County, and Reference No., If Applicable |
| ricultural Conservation Easement Program CEP) | | \$ | | |
| ricultural Management Assistance (AMA) | | \$ | | |
| nservation Stewardship Program (CSP) | | \$ | | |
| vironmental Quality Incentives Program (EQIP) | | \$ | | |
| assland Reserve Program (GRP) | | \$ | | |
| gional Conservation Partnership Program (RCPP) | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| order to assign a cash payment in accordance with mpleted by both the assignor and the assignee. As signment is applicable only to programs publicly ar ovisions of 7 CFR Part 1404. The assignee agrees to repay promptly to the Federa cured by the assignment. The assignor and the as ange affecting this assignment. This assignment n | the programs specifie ssignment is effective f inounced before this fo I Government any amo signee agree that they hay be revoked at any t | d by the assignor in Item or all counties unless spo rm is filed and is subject bunt by which the assigne will promptly notify the F ime by written request s | 7, 10, and cified on to the terr ed paymed SA or NR igned by t | d 14, this form must be Item 8, 12, or Item 16. This ms stated in this form and th nt exceeds the amount CS county office of any he assignee. |
| A. Producer's (Assignor's) Signature (By) | 18B. Title/Relationship Representative (| o of the Individual if Signi Capacity | ng in a | 18C. Date (MM-DD-YYYY) |
| A. Assignee's Signature (By) | 19B. Title/Relationship Representative (| o of the Individual if Signi Capacity | ng in a | 19C. Date (<i>MM-DD-YYYY</i>) |
| signment of payment authorization above is hereby | y revoked. | | | |
| A. Assignee's Signature (By) | 20B. Title/Relationship Representative (| o of the Individual if Signi Capacity | ng in a | 20C. Date (MM-DD-YYYY) |

D Example of CCC-36 (Continued)

| OR | COUNTY OFFICE USE ONLY | | | |
|--|--|---|--|---|
| :1. F | Receiving State and County | 22. Date File | ed (MM-DD-YYYY) | 23. Time Filed |
| | | | | |
| | SPECIAL PROVISIONS RELATING | TO ASSIGNM | IENTS | |
| A. | Assignment is effective for all counties unless a specific county is enter | red in Item 9, 10 | 3, or Item 17. | |
| В. | If the assignor assigns a specified value of payments to more than one | assignee: | wear or group of years if mi | utti voor is selected |
| | Assignments will be honored in chronological sequence based on | the order of filin | ig with the FSA or NRCS c | county office. |
| C. | The payment due the assignor may be applied first against indebtedne | ss owing by the | assignor to the United Sta | ates, including |
| | 3 1403, and 1951, and any balance will be subject to assignment. | et in accordanc | e with the regulations gove | erning, / Urk rans |
| D. | Neither the United States of America, the CCC, FSA, NRCS, the Secre | tary of Agricult | ure, any disbursing officer, | nor any other |
| | Government employee or official shall be subject to any suit or liable to the assigner without regard to this assignment. | r payment of ar | ny amount if payment is ina | advertently made to |
| E. | This assignment does not extend to any successor of the assignee, no | r may the assig | nee re-assign this assignm | nent. |
| F. | The assignee's payment is subject to offset for any deiinquent recerai | debt owed by u | he assignee. | |
| 24A. | FSA or NRCS COUNTY OFFICE NAME AND ADDRESS (Including Zip | Code) | 24B. TELEPHONE NO. (* | Including area code) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| OTE | : The following statement is made in accordance with the Privacy Act of 197 | 4 (5 USC 552a – | as amended). The authority fo | or requesting the |
| | to assign payments made under applicable CCF, FSA, and/or NRCS progr may be disclosed to other Federal, State, Local government agencies, Trib | 18 (P.L.115-334) ams to a designa al agencies, and i | and 7 CFR Part 1404. The in ted assignee. The information nongovernmental entities that | nformation will be used n collected on this form have been authorized |
| | Charter Act (15 0.5.5.7) 4 et seq.y, iner Agricultural improvement Act or co to assign payments made under applicable CCC, FSA, and/or NRCS progr may be disclosed to other Federal, State, Local government agencies, Trib access to the information by statute or regulation and/or as described in ap USDA/FSA-2, Ferm Records File (Automated) and for USDA/IRCS-1, Lan Files. Providing the requested information is voluntary. However, failure to Assignor is unable to assign applicable CCC, FSA, and/or INRCS program J Public Burden Statement: Public reporting burden for this collection is es instructions, gathering and maintaining the data needed, completing (provid are not required to respond to the collection or FSA may not conduct or spon number of 0560-0183. | 18 (P.L.115-334) ams to a designa al agencies, and i olicable Routine I downer, Operatou furnish the reque sayments to a des timated to averag ling the informatio wsor a collection | and 7 CFR Part 1404. The in feed assignee. The information nongovernmental entities that Jses identified in the System of , Producer, Cooperator, or Pa asted information will result in signated assignee. e 10 minutes per response, in nn), and reviewing the collection of information unless it display | formation will be used to collected on this form have been authorized of Records Notice for tricipant a determination that the cluding reviewing on of information. You ys a valid OMB control |
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E FSA Instructions for Completing CCC-36

| Item No. | Instructions | | | | | | | |
|----------|---|--|--|--|--|--|--|--|
| 1 | Check (\checkmark) 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 | 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. | | | | | | | |
| | Notes: Assignee must provide tax identification information to the County Office. | | | | | | | |
| | If the assignee wishes to receive payment by EFT, the assignee must complete item 6. | | | | | | | |
| | The Assignee's TIN must be in SCIMS. | | | | | | | |
| 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 | Enter 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 category to be assigned to different assignees. | | | | | | | |
| 10 | Enter the name of any other programs not listed in item 7. | | | | | | | |

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 | NRCS use only. |
| through | |
| 17 | |
| | 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 |
| 10.2 | 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). |

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.

| CCC-37 | | U.S. DEPARTMENT C | See Pag | Form Approve Expi e 2 for Privacy Act and Publ | d - OMB No. 0560-0183 ration date (09/30/2024) lic Burden Statements. |
|---|---------------------------------------|---|---------------------|--|--|
| (09-14-21) | | Commodity Cred | it Corporation | | |
| | JOI | | UTHORIZATI | ON | |
| PART A GENERAL INFO | RMATION | | | | |
| 1. Producer's (Assignor's) N | lame and Address (Ind | cluding Zip Code) 2 | . Joint Payee's Nar | me and Address (Including | Zip Code) |
| | | | | | |
| 3.Producer's (Assignor's) Ta | ax Identification Numb | er (9 Digit Number) | | | |
| | | | | | |
| PART B APPLICABLE P | ROGRAM(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 | FROM: | | Other: | FROM: | |
| (ARC) | TO: | - | | TO: | 1 |
| Price Loss Coverage (PLC) | FROM: | | Other: | FROM: | |
| Flice Loss Coverage (FLC) | TO: | - | | TO: | - |
| Conservation Reserve | FROM: | | Other: | FROM: | |
| (CRP) | TO: | - | | TO: | |
| Coronavirus Food | FROM: | | Other: | FROM: | |
| (CFAP) | TO: | 1 | | TO: | |
| Coronavirus Food | FROM: | | Other: | FROM: | |
| (CFAP2) | TO: | | | TO: | |
| Emergency Assistance Livestock Honevbees and | FROM: | | Other: | FROM: | |
| Farm-Raised Fish Program (ELAP) | TO: | | | TO: | |
| Livestock Forage Program | FROM: | | Other: | FROM: | |
| (LFP) | TO: | 1 | | TO: | 1 |
| Livestock Indemnity | FROM: | | Other: | FROM: | |
| Program (LIP) | TO: | 1 | | TO: | 1 |
| eLoan Deficiency Web | FROM: | | Other: | FROM: | |
| Payment (eLDP) | TO: | | | TO: | |
| Noninsured Crop Disaster | FROM: | | Other: | FROM: | |
| Assistance Program (NAP) | TO: | | | TO: | |
| Wildfires and Hurricanes | FROM: | | Other: | FROM: | |
| (WHIP+) | TO: | | | TO: | |
| Other (All CRP, other than | FROM: | _ | Other: | FROM: | |
| annual rental): | TO | 1 | | TO: | |

3 CCC-37, Joint Payment Authorization (Continued)

B Example of CCC-37 (Continued)

| The undersigned assignor and joint payee in o the specified assignor and the undersigned ffects the right of offset by CCC, FSA, or a, ind joint payee understand and agree that is rogram covered by this joint payment auth- ind will be honored by CCC and FSA as the emaining amounts due after assignments h he aforementioned right of offset by Govern | equest the d joint p ny other f the ass prization, pugh the ave bee nment ag | hat CCC or FSA, as applica ayee. Both the assignor an Government agency, regar ignor files a Form CCC-36, regardless of the date the assignment was filed prior n honored will be made pay pencies. | ble, make the payments sp ad the joint payee agree tha dless of the date the debt v Assignment of Payment, w assignment was filed, the a to the joint payment author vable to the joint payees ide | ecified in Item 4 payable jointly at this authorization in no way vas incurred. Both the assignor vith CCC or FSA, for any assignment takes precedence ization. Additional payments or entified on this form, subject to |
|--|--|---|---|---|
| This authorization may be revoked at any tir signed by the joint payee to the ESA County | ne by the office m | e joint payee by completing paking the payment | Part D of this form or by st | ubmitting a written request |
| A. Producer's Signature (By) | 7B. | Title/Relationship of the Ir Representative Capacity | dividual if Signing in a | 7C. Date (MM-DD-YYYY) |
| 3A. Joint Payee's Signature (By) | 8B. | Title/Relationship of the In Representative Capacity | dividual if Signing in a | 8C. Date (MM-DD-YYYY) |
| PART D REVOCATION OF JOINT PAYM | ENT AU | | novment authorization abo | vo is beroby revoked |
| | | Title/Deletienship of the la | dividual if Ciamina in a | |
| 2A. JOINT Payee's Signature (By) | 9B. | Representative Capacity | uividual II Signing in a | SC. Dale (MM-DD-YYYY) |
| FOR COUNTY OFFICE USE ONLY | | | | |
| 0. Receiving State and County | | 11. D | ate Filed <i>(MM-DD-YYYY)</i> | 12. Time Filed |
| A. The original of this joint payment author CCC and FSA will recognize only one per program year or group of years if r Neither the United States of America, t officer, nor any other Government emp | DVISION joint pay nulti-yea he Comi loyee or | IS RELATING TO JOINT F properly executed, must be ment authorization at any our is selected. modity Credit Corporation, official shall be subject to a | PAYMENT AUTHORIZATION of filed in the FSA County of iven time per assignor for the Secretary of Agriculture iny suit or liable for paymer | DN ffice. each program e, any disbursing nt of any amount |
| A. The original of this joint payment author CCC and FSA will recognize only one per program year or group of years if r Neither the United States of America, t officer, nor any other Government emp if payment is inadvertently made to the This joint payment authorization does This joint payment authorization is effe This joint payment authorization is sub- | ovision joint pay nulti-yea he Comi loyee or assigno not exter ctive for ject to of | IS RELATING TO JOINT F properly executed, must be ment authorization at any g r is selected. modity Credit Corporation, a official shall be subject to a or without regard to this join to to any successor of the j all counties unless specify fset for any delinquent Fed | PAYMENT AUTHORIZATION in the FSA County of iven time per assignor for the Secretary of Agriculture iny suit or liable for paymer t payment authorization. oint payee. on Part B, Item 6. eral debt owed by the assig | DN flice. each program e, any disbursing nt of any amount gnor |
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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 | | | | | |
| 7D | capacity, signs. | | | | | |
| / D 7 C | Figure that producer or representative, enter the date | | | | | |
| 7C 8A | Ensure that joint neves or authorized agent signs | | | | | |
| 8R | If item 8A is signed by a representative enter title/relationship of the individual | | | | | |
| 8C | Ensure that producer/representative enters the date | | | | | |
| 00 | 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. | | | | | |
| | For County Office Use Only | | | | | |
| 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). | | | | | |