

## Instructions For CCC-36

### ***ASSIGNMENT OF PAYMENT***

Producers use this form to assign payments under various Commodity Credit Corporation (CCC) or Farm Service Agency (FSA) programs. Farm loans, commodity loans, farm storage facility loans, and purchase agreement proceeds are not eligible for assignments.

Submit the original of the completed form in hard copy to the administrative FSA office where the assignment of payment will be made. **DO NOT FAX.** Retain copies for assignors and the assignee.

***Producers and the assignee must complete Items 1 through 14 at the time this form is filed with FSA and Item 16 upon revocation of the assignment.***

Parts A, B and C, Items 1–14, and Item 18.

<b>Field Name / Item No.</b>	<b>Instruction</b>
<b>Part A</b>	<b>General Information</b>
1 State	Enter the State in which the payment is assigned will be generated.
2 County	Enter the county in which the payment is assigned will be generated.  <b>NOTE:</b> The original CCC-36 form, properly executed, must be on file in the county office administratively responsible for the farm or operation for the specific program involved.
3 Producer (Assignor)'s Name and Address	Enter the name and address (including Zip Code) of the producer (assignor) making the assignment.
4	Enter the producer's (assignor's) social security number or tax

Assignor's Tax Identification Number	identification number.
5 Assignee's Name and Address	Enter the name and address (including Zip Code) of the person, business, institution, etc. receiving the payment. (The person receiving the payment is the assignee.)
6 Assignee's Tax Identification No.	<p>Enter assignee's tax ID, either 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.</p> <p><b>NOTES:</b></p> <ul style="list-style-type: none"> <li>• Assignee must provide Tax ID information to the administrative County office.</li> <li>• The ID type of a financial institution is "E".</li> <li>• If the assignee wishes to receive payment by EFT, the assignee must sign up for this service on line or submit a completed SF-1199A or SF-3881 to the administrative county office.</li> </ul>
<b>Part B</b>	<b>Applicable Program(s)</b>
7 Program	<p>Select the applicable program as displayed or enter an applicable multi-year program name:</p> <ul style="list-style-type: none"> <li>• Conservation Reserve Program (CRP)</li> <li>• Milk Income Loss Contract (MILC)</li> <li>• Direct and or Counter Cyclical Payment (DCP)</li> <li>• Loan Deficiency Payment (LDP)</li> </ul>
8 Program Year or Payment Year	Enter the "from" and "to" years of the applicable program year or payment year, next to the program name that the benefits are being assigned.
9 Assigned Amount of Each Applicable	Enter the year and estimated amount of payment that benefits are to be assigned to the applicable program listed under Item 7.

Year	
10 Program Name	Enter the names of any other program(s) not listed under Item 7.
11 Program Year or Payment Year	Enter the year of the applicable program year or payment year of the assigned program name entered.
12 Assigned Amount	Enter the estimated amount of payment that benefits are to be assigned.
<b>Part C</b>	<p><b>Representation of Assignor and Assignee</b></p> <p>The producer and assignee shall read the certification statement carefully.</p> <p><b>NOTE:</b> By signing both parties acknowledge and agree to the terms and conditions set forth in Part C.</p>
13 Producer's (Assignor's) Signature and Date	Ensure that the producer's (assignor's) signature and date are completed.
14 Assignee's Signature and Date	Ensure that the assignee's signature and date are completed.

Part D- Item 15

Field Name / Item No.	Instruction
<b>Part D</b>	<p><b>Revocation of Assignment</b></p> <p>The assignee must complete Part D to revoke an existing Assignment of Payment.</p>

15 Assignee's Signature and Date	Ensure that the assignee's signature and date to revoke the existing assignment are completed.
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*Items 16-17 are for FSA use only.*

Page 2, Special Provisions and Item 18

Field Name / Item No.	Instruction
Page 2, Special Provisions	Assignor and assignee must read the Special Provisions Relating to Assignments, Item 18 and Privacy Act and Public Burden Statements on Page 2 of Form CCC-36.
18 County Office Name and Address and Telephone Number	If CCC-36 is mailed or delivered by a carrier to the administrative FSA county office, the assignee shall make sure the FSA county office name and address with zip code and the telephone number are entered.

Additional Information

Item	Instruction
<b>Assignee</b>	An <u>assignee</u> is a person or entity to which the assignment of a payment is made.
<b>Assignment</b>	<p>An <u>assignment</u> is the transfer of the right to receive a cash payment from a producer (assignor) who is participating in FSA or CCC farm programs to an assignee.</p> <ul style="list-style-type: none"> <li>• An assignment of payment is executed on CCC-36 and must be filed in the County FSA Office making the payment.</li> <li>• Commodity Credit Corporation payment is made payable</li> </ul>

	to assignee.
<b>Assignor</b>	An <u>assignor</u> is any person (the producer) who: <ul style="list-style-type: none"><li>• Is eligible to receive a payment</li><li>• Assigns the payment to another party.</li></ul>