

## Instructions For CCC-37

### ***JOINT PAYMENT AUTHORIZATION***

**Producers use this form to make payments from the Commodity Credit Corporation (CCC) or Farm Service Agency (FSA) jointly payable to multiple entities.**

**Submit the original of the completed form in hard copy to the appropriate FSA servicing office where the assignment of payment will be made. Retain copies for the producer and joint payee. DO NOT FAX.**

***Producers and the joint payee must complete Items 1 through 11 and item 16 at the time this form is filed with FSA and Items 12 and 13 upon revocation of joint payment authority.***

Part A, B, and C, Items 1–11

<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 joint payment authorization will be filed.
2 County	Enter the county in which the joint payment authorization will be filed.  <b>NOTE:</b> The original CCC-37, properly executed, must be on file in the county office administratively responsible for the farm or operation for the specific program involved.
3 Producer's Name and Address	Enter the producer's name and address (including Zip Code).
4 Producer's Tax Identification Number	Enter the producer's social security number or tax identification number.

5 Joint Payee's Name and Address	Enter the name and address of the person, business, institution, etc. receiving the payment (joint payee).
<b>Part B</b>	<b>Applicable Program(s)</b>
6 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 (LPD)</li> </ul>
7 Program Year or Payment Year	Enter the "from" and "to" years of the applicable program year or payment year next to the preprinted program that the payment(s) should be paid to jointly.
8 Program Name	Enter the name(s) of any other applicable program(s) that is (are) not listed under Item 6.
9 Program Year or Payment Year	Enter the year of the applicable program year or payment year of the program name entered for joint payment.
<b>Part C</b>	<p><b>Joint Payment Authorization</b></p> <p>The producer and joint payee 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>
10 Producer's Signature and Date	<p>The producer or authorized agent shall sign and date.</p> <p>If other authorized agent or representative signs on behalf of the entity, please enter title or nature of authority.</p>
11	Person, business, institution, etc. shall sign and date as joint

Joint Payee's Signature and Date	payee.  If other authorized agent or representative signs on behalf of the entity, please enter title or nature of authority.
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Part D, Items 12- 13

Field Name / Item No.	Instruction
<b>Part D</b>	<b>Revocation of Joint Payment Authorization</b>  The producer and joint payee must both sign this part to revoke an existing joint payment authorization.
12  Producer's Signature and Date	The producer must sign and date this form to revoke the joint payment authorization.
13.  Joint Payee's Signature and Date	The joint payee must sign and date this form to revoke the joint payment authorization. If applicable, enter the title of the person representing the joint payee.

*Items 14-15 are for FSA use only.*

Page 2 and Item 16

Field Name / Item No.	Instruction
Page 2  Special Provisions	Producer and the joint payee must read the Special Provisions Relating to Joint Payment Authorization, Item 16 and the

	Privacy Act and Public Burden Statements on Page 2 of Form CCC-37.
16 County Office Name, Address, & Telephone No.	When CCC-37 is to be mailed or to be delivered by a carrier to the administrative FSA servicing office, the producer shall enter the FSA servicing office name and address with zip code and the telephone number with area code.

Additional Information

Field Name / Item No.	Instruction
Joint Payee	A <u>joint payee</u> is a person or entity to whom a payment is made jointly with the producer.
Joint Payment Authorization	<p>A <u>joint payment authorization</u> is a written request to make payment to joint payees.</p> <ul style="list-style-type: none"> <li>• The joint payment authorization is executed on CCC-37 and must be filed in the FSA Servicing office administratively responsible for the program payment.</li> <li>• CCC-184, Commodity Credit Corporation check, is made payable to the producer and another designated payee.</li> <li>• The joint payment authorization must be revoked, in writing, by both the producer and the joint payee.</li> </ul>