

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 FSA county office.? 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 14 upon revocation of the assignment.

Parts A, B and C, Items 1?13, Part D, Item 14, and Item 18.

Field Name / Item No.	Instruction
Part A	General Information
1 Producer (Assignor's) Name and Address	Enter the name and address (including Zip Code) of the producer (assignor) making the assignment.
2 Assignee?s Name and Address	Enter the name and address (including Zip Code) of the assignee.
3 Producer (Assignor?s) Tax Identification Number (9 Digit Number)	Enter the producer?s (assignor's) social security number or tax identification number.

Field Name / Item No.	Instruction
4 Assignee's Tax Identification Number (9 Digit Number)	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. NOTES: - Assignee must provide Tax ID information to the FSA office. - The ID type of a financial institution is "E". - 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 an FSA office.
Part B	Applicable Program(s)
5 Program	Select the applicable program as displayed or enter an applicable multi-year program name: - Conservation Reserve Program (CRP) - Milk Income Loss Contract (MILC) - Direct and or Counter Cyclical Payment (DCP) - Loan Deficiency Payment (LDP) Note: All CRP, other than annual rental must be entered in Item 8.
6 Assigned Amount of Each Applicable Year	Enter the year and amount of payment benefits to be assigned from the applicable program listed under Item 5.
7 State, County, and Reference Number, If Applicable	If Assignment is applicable to only one FSA county office, or a particular farm or contract, enter the State, county and reference number, if applicable.
8 Other Program Name	Enter the names of any other program(s) not listed under Item 5.
9 Program Year or Payment Year	Enter the year of the applicable program year or payment year of the assigned program name entered.
10 Assigned Amount	Enter the amount of payment benefits to be assigned.

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11 State, County, and Reference Number, If Applicable	If assignment is applicable to only one FSA county office, or a particular farm or contract, enter the State, county and reference number, if applicable.
Part C	<p>Representation of Assignor and Assignee The producer and assignee shall read the certification statement carefully.</p> <p>NOTE: By signing both parties acknowledge and agree to the terms and conditions set forth in Part C.</p>
12A Producer's (Assignor's) Signature (By)	Ensure that the producer's (assignor's) signature is completed.
12B Title/Relationship of the Individual if Signing in a Representative Capacity	If the signature is not the Producer's, enter the Representative's information.
12C Date	Enter date the producer (assignor) signs the form.
13A Assignee's Signature (By)	Ensure that the assignee's signature is completed.
13B Title/Relationship of the Individual if Signing in a Representative Capacity	If the signature is not the Assignee's, enter the Representative's information.
13C Date	Enter date the assignee signs the form.
Part D	<p>Revocation of Assignment The assignee must complete Part D to revoke an existing Assignment of Payment.</p>

Field Name / Item No.	Instruction
14A-14B Assignee's Signature and Date	Ensure that the assignee's signature and date to revoke the existing assignment are completed.

Items 15-17 are for FSA use only.

Item 18

Field Name / Item No.	Instruction
Page 2, Special Provisions	Assignor and assignee must read the Special Provisions Relating to Assignments, 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 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
Assignee	An <u>assignee</u> is a person or entity to which the assignment of a payment is made.
Assignment	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. <ul style="list-style-type: none"> • An assignment of payment is executed on CCC-36 and must be filed in the County FSA Office. • Payment is made payable to assignee.
Assignor	An <u>assignor</u> is any person (the producer) who: <ul style="list-style-type: none"> • Is eligible to receive a payment • Assigns the payment to another party.