

This form is available electronically.

See Page 2 for Privacy Act and Public Burden Statements.

**CCC-36**  
(proposal 7)

**U.S. DEPARTMENT OF AGRICULTURE**  
Commodity Credit Corporation

1. Check Applicable Agency  
(only one)

FSA  NRCS

**ASSIGNMENT OF PAYMENT**

**PART A - GENERAL INFORMATION**

2. Assignor's Name and Address (Including Zip Code)	3. Assignee's Name and Address (Including Zip Code)
4. Assignor's Tax Identification Number (9 Digit Number)	5. Assignee's Tax Identification Number (9 Digit Number)

**PART B - APPLICABLE PROGRAM(S)**

6. Program	7. Assigned Amount for Each Applicable Year (Contract Year, Program Year, or Payment Year)					8. State, County, and Reference Number, If Applicable
	YEAR	YEAR	YEAR	YEAR	YEAR	
Agricultural Risk Coverage (ARC)	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Price Loss Coverage (PLC)	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Conservation Reserve Program Annual Rental (CRP)	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Emergency Assistance Livestock Honey Bee and Farm Raised Fish Program (ELAP)	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Livestock Forage Program (LFP)	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Livestock Indemnity Program (LIP)	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
eLoan Deficiency Web Payment (eLDP)	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Noninsured Crop Disaster Assistance (NAP)	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Agricultural Conservation Easement Program (ACEP) <b>(NRCS USE ONLY)</b>	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Conservation Stewardship Program (CSP) <b>(NRCS USE ONLY)</b>	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Environmental Quality Incentives Program (EQIP) <b>(NRCS USE ONLY)</b>	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Grassland Reserve Program (GRP) <b>(NRCS USE ONLY)</b>	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
9. Other Program Name	10. Contract Year,		11. Assigned Amount		12. State, County, and Reference Number,	

<i>(For FSA/NRCS)</i>	Program Year, or Payment Year		If Applicable
		\$	
		\$	
		\$	

**PART C - REPRESENTATION OF ASSIGNOR AND ASSIGNEE**

*In order to assign a cash payment in accordance with the programs specified by the assignor in Items 5 and 8, this form must be completed by both the assignor and the assignee. Assignment is effective for all counties unless specify on Item 7 or Item 11. 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.*

*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 county FSA or NRCS office of any change affecting this assignment. This assignment may be revoked at any time by written request signed by the assignee.*

13A. Assignor's Signature (By)	13B. Title/Relationship of the Individual if Signing in a Representative Capacity	32C. Date (MM-DD-YYYY)
14A. Assignee's Signature (By)	14B. Title/Relationship of the Individual if Signing in a Representative Capacity	143C. Date (MM-DD-YYYY)

**PART D - REVOCATION OF ASSIGNMENT**

Assignment of payment authorization above is hereby revoked.

15A. Assignee's Signature (By)	15B. Title/Relationship of the Individual if Signing in a Representative Capacity	15C. Date (MM-DD-YYYY)
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**FOR COUNTY OFFICE USE ONLY**

16. Receiving State and County	17. Date Filed (MM-DD-YYYY)	18. Time Filed
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**SPECIAL PROVISIONS RELATING TO ASSIGNMENTS**

- A. Assignment is effective for all counties unless a specific county is entered in Item 8 or Item 12.
- B. If the assignor assigns a specified value of payments to more than one assignee:
  - 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 county FSA or NRCS office.
- 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.
- 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.
- E. This assignment does not extend to any successor of the assignee, nor may the assignee re-assign this assignment.
- F. The assignee's payment is subject to offset for any delinquent Federal debt owed by the assignee.

19A. COUNTY FSA or NRCS OFFICE NAME AND ADDRESS (Including Zip Code)

19B. TELEPHONE NO. (Including area code):

**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 7 CFR Part 1404, the Soil Conservation and Domestic Allotment Act (Pub. L. 74–461), the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). 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.*

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0183. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. For certain programs such as ARC, PLC, CRP, ELAP, LIP, and eLDP, this information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (See Pub. L. 113-79, Title I, Subtitle F, Administration and Title II, Subtitle G, Funding and Administration). For NRCS programs, this information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title II, Subtitle G, Funding and Administration).*

**RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OR NRCS OFFICE.**

*The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).*

*If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider and employer.*