# 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 office. DO NOT FAX. Retain copies for assignors and the assignee.

## Producers and the assignee must complete Items 1 through 13 at the time this form is filed with FSA and Item 14 upon revocation of the assignment.

#### Parts A, B and C, Items 1–14, 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 ID Number | | Enter the producer’s (assignor's) social security number or tax identification number. | |
| 4  Assignee’s Tax Identification No. | | 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.  **NOTES**:   * Assignee must provide Tax ID information to the administrative County 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-3881 to the administrative county office. | |
| Field Name / Item No. | | Instruction | |
| **Part B - Applicable Program(s)** | | | |
| 5  Program | | Select the applicable program as displayed or enter an applicable program name:   * Agricultural Risk Coverage (ARC) * Price Loss Coverage (PLC) * Conservation Reserve Program Annual Rent (CRP) * Emergency Assistance Livestock Honey Bee and Farm-Raised Fish Program (ELAP) * Livestock Forage Program (LFP)   - Livestock Indemnity Program (LIP)   * eLoan Deficiency Payment Web (eLDP)   - Noninsured Crop Disaster Assistance Program (NAP) | |
| 6  Assigned Amount of Each Applicable Year | | Enter the year and estimated amount of payment that benefits are to be assigned to the applicable program listed under Item 5. | |
| 7  State, County and Reference Number, If Applicable | | 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 estimated amount of payment that benefits are to be assigned. | |
| 11  State and County Reference Number, If Applicable | | Enter the State and county reference number, if applicable. | |

| Field Name / Item No. | Instruction |
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| **Part C - Representation of Assignor and Assignee**  The producer and assignee shall read the certification statement carefully.  **NOTE:** By signing both parties acknowledge and agree to the terms and conditions set forth in  Part C. | |
| 12A-12B  Producer’s (Assignor's) Signature and Date | Ensure that the producer's (assignor's) signature and date are completed. |
| 13A-13B  Assignee’s Signature and Date | Ensure that the assignee's signature and date are completed. |
| **Part D - Revocation of Assignment**  The assignee must complete Part D to revoke an existing Assignment of Payment. | |
| 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. | |
| 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*** | |
| **Assignee** | An assignee is a person or entity to which the assignment of a payment is made. |
| **Assign­ment** | An assignment 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.   * An assignment of payment is executed on CCC-36 and must be filed in the County FSA Office making the payment. * Commodity Credit Corporation payment is made payable to assignee. |
| **Assignor** | An assignor is any person (the producer) who:   * Is eligible to receive a payment * Assigns the payment to another party. |