

Instructions For CCC-36

ASSIGNMENT OF PAYMENT

Producers (Assignors) may use form CCC-36 to assign payments under various Commodity Credit Corporation (CCC), Farm Service Agency (FSA) programs, or for Natural Resources Conservation Service (NRCS) programs. Farm loans, commodity loans, farm storage facility loans, and purchase agreement proceeds are not eligible for assignments.

Submit the original completed form in hard copy or electronically to the FSA county office. **DO NOT FAX.** Retain copies for assignors and the assignee.

Producers (Assignors) and the assignees Participating in CCC and FSA programs must complete Items 1 through 13, Items 18A-18C and 19A-19C and Items 24A – 24B at the time this form is filed with FSA county office.

Part C Items 14 through 17, are for NRCS use only.

Use Part E upon revocation of the assignment, complete Items 20A – 20C

Items 21, 22, and 23 are for FSA County Office use only.

Field Name / Item No.	Instruction
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Part A - General Information

1 Agency Name	Check box for applicable agency (Check only one box) – FSA or NRCS
2 Producer's (Assignor's) Name and Address	Enter producer's (assignor's) name and address including Zip Code.
3 Assignee's Name and Address	Enter the assignee's name and address including Zip Code.
4 Producer's (Assignor's) Tax Identification Number	Enter the producer's (assignor's) 9-digit tax identification number (TIN).

Field Name / Item No.	Instruction
5 Assignee's Tax Identification No.	Enter assignee's 9-digit TIN (e.g.; 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: <ul style="list-style-type: none"> • Assignee must provide tax identification information to the County office. • If the assignee wishes to receive payment by EFT, the assignee must complete Block 6 of this form. • If the assignee is a financial institution, the TIN must be used to identify the type for a financial institution is "E" (E=employer ID number) • The bank routing number is not acceptable as the TIN
6 Assignee's Electronic Fund Transfer Information	Enter the assignee's electronic fund transfer information.

Part B – FSA Applicable Program(s)

7 Program (FSA use only)	Select the applicable program category: <ul style="list-style-type: none"> - Agricultural Risk Coverage (ARC) - Price Loss Coverage (PLC) (Make sure to write the type of cover for ARC: individual or County) - Conservation Reserve Program Annual Rent (CRP) - Coronavirus Food Assistance Program (CFAP) - Coronavirus Food Assistance Program 2.0 (CFAP) - Emergency Assistance Honeybees and Farm-Raised Fish (ELAP) - Livestock Forage Program (LFP) - Livestock Indemnity Program (LIP) - eLoan Deficiency Web Payment (eLPD) - Noninsured Crop Disaster Assistance Program (NAP) - Wildfires and Hurricanes Indemnity Program Plus (WHIP+)
8 Assigned Amount of Each Applicable Year	Enter the applicable program years and the total assignment amount for the selected program category.
9 State, County and Reference Number, If Applicable	Enter applicable State, County, and Reference Number, if applicable. If the State and County is not specified, the assignment will be applicable to all counties in which the producer is associated. State, County, and Reference Number is necessary <u>only</u> if the assignor expects multiple payments for the same program category to be assigned to different assignees.

Part B – FSA Applicable Program(s) Continued

10 Other Programs Name (FSA use only)	Enter the names of any other program code (s) not listed under Item 7.
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Field Name / Item No.	Instruction
11 Contract Year Crop Year Program Year or Payment Year	Enter the year of the applicable program year or payment year of the assigned program name entered in item 10.
12 Assigned Amount	Enter the estimated amount of payment that benefits are to be assigned.
13 State and County Reference Number if Applicable	Enter the State, County, and Reference Number, if applicable. If the State and County is not specified, the assignment will be applicable to all counties in which the producer is associated. State, County, and Reference Number is necessary <u>only</u> if the assignor expects multiple payments for the same program code to be assigned to different assignees.

Part C – NRCS Use only

14 – 17	NRCS Use only
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Part D - Representation of Assignor and Assignee

The producer (Assignor) 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 D.

18A-18C Producer's (Assignor's), Signature (By)	Ensure that the producer (assignor) or representative signs in Item 18A.
18B Title/Relation of the Individual if Signing in Representative Capacity	If Item 18A is signed by a representative, enter title/relationship to the producer (assignor).
18C Date (MM-DD-YYYY)	Ensure that producer/representative enters the date.
19A Assignee's, Signature (By)	Ensure that the assignee or representative signs in Item 19A.

Field Name / Item No.	Instruction
19B Title/Relation of the Individual if Signing in Representative Capacity	If 19A is signed by a representative, enter title/relationship to the assignee.
19C Date (MM-DD-YYYY)	Ensure that assignee/representative enters the date in Item 19C.

Part E - Revocation of Assignment

The assignee must complete Part E to revoke an existing Assignment of Payment.

20A Assignee's Signature (By)	Ensure that the assignee or representative signs in Block 20A.
20B Title/Relation of the Individual if Signing in Representative Capacity	If 20A is signed by a representative, enter title/relationship to the assignee.
20C Date (MM-DD-YYYY)	Ensure that assignee/representative enters the date in Block 20C.

Items 21, 22 and 23 are for FSA For County Office Use Only

21 Receiving State and County	Enter receiving State and County name and identification code,
22 Date Filed (MM-DD-YYYY)	Enter the date that Form CCC-36, Assignment of Payment is filed.
23 Time Filed	Enter the time that Form CCC-36, Assignment of Payment is filed
Page 3, Special Provisions	Producer (Assignor) and assignee must read the Special Provisions Relating to Assignments, and Privacy Act and Public Burden Statements on Page 3 of Form CCC-36.
24A FSA County Office Name and Address	Enter the FSA County office name and address

Field Name / Item No.	Instruction
24B Telephone Number (Including area code)	Enter the FSA County office telephone number
Copy of Form CCC-36	A copy of the CCC-36 shall be sent via e-mail to the applicable party as follow: <ul style="list-style-type: none"> ✓ County FSA Committee ✓ Assignee ✓ Participant

Additional Information

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 an assignor who is participating in FSA, NRCS, 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/NRCS Office making the payment. • Commodity Credit Corporation payment is made payable to assignee.
Assignor	An <u>assignor</u> is any person who: <ul style="list-style-type: none"> • Is eligible to receive a payment • Assigns the payment to another party.