

# Instructions For CCC-37

## JOINT PAYMENT AUTHORIZATION

Producers use form CCC-37 to make program payments from the Commodity Credit Corporation (CCC) or Farm Service Agency (FSA) jointly payable to multiple entities.

Submit the original completed form in hard copy or electronically to the FSA County office. Retain copies for the producer and joint payee. **DO NOT FAX.**

Producers and the joint payee must complete Items 1 through 8C, Items 9A through 9C upon revocation of joint payment authority and Items 13A and 13B at the time this form is filed with FSA. Items 10A through 10C are for FSA County office use only.

Field Name / Item No.	Instruction
-----------------------	-------------

### Part A - General Information

1 Producer's Name and Address	Enter the Producer's name and address <i>(Including Zip Code)</i> .
2 Joint Payee's Name and Address	Enter the joint payee's name and address, including ZIP Code.
3 Producer's Tax ID No. <i>(9 Digit Number)</i>	Enter the producer's Tax Identification Number (TIN) <i>9-digit TIN</i> .

### Part B - Applicable Program(s)

4 Program	<p>Select the applicable program listed on the CCC-37 or add program Alpha Code in "Other" box.</p> <ul style="list-style-type: none"> <li>Agricultural Risk Coverage (ARC)</li> <li>Price Loss Coverage (PLC)</li> <li>Conservation Reserve Program Annual Rental (CRP)</li> <li>- Coronavirus Food Assistance Program (CFAP)</li> <li>- Coronavirus Food Assistance Program 2.0 (CFAP2)</li> <li>Emergency Assistance Livestock Honeybees and Farm-Raised Fish (ELAP)</li> <li>Livestock Forage Program (LFP)</li> <li>Livestock Indemnity Program (LIP)</li> <li>eLoan Deficiency Web Payment (eLPD)</li> <li>Noninsured Crop Disaster Assistance Program (NAP)</li> <li>- Wildfires and Hurricanes Indemnity Program Plus (WHIP+)</li> </ul> <p><b>NOTE:</b> All CRP, other than annual rental must be indicated in the "other" block.</p>
--------------	--

Field Name / Item No.	Instruction
5 Program Year or Payment Year	Enter the “From” and “To” years of the applicable program or payment year, next to the program name listed in item 4.
6 State, County, and Reference Number, If Applicable	Enter applicable State, County, and reference number, (e.g., contract number(s), farm number, loan number, etc.) if applicable.  <b>Note:</b> If the State and county is <b>not</b> specified, the joint payment will be applicable to <b>all</b> counties in which the producer is associated. State, County and reference number is necessary only if multiple payments for the same program code needs a different payee.

**Part C - Joint Payment Authorization**

The producer and joint payee shall read the certification statement carefully.

**NOTE:** By signing both parties acknowledge and agree to the terms and conditions set forth in Part C.

7A Producer’s Signature (By)	Ensure that the producer, or the authorized person who is acting in a representative capacity, signs.
7B Title/Relationship of the Individual if Signing in a Representative Capacity	If 7A is signed by a representative, enter title/relationship of the individual.
7C Date (MM-DD-YYYY)	Ensure that producer or representative enters the date.
8A - 8C Joint Payee’s Signature (By)	Ensure that joint payee or authorized agent signs.
8B Title/Relationship of the Individual if Signing in a Representative Capacity	If 8A is signed by a representative, enter title/relationship of the individual.
8C Date (MM-DD-YYYY)	Ensure that producer/representative enters the date.
Check applicable box	At the bottom of Part C check the applicable box for:  ✓ County FSA Committee

Field Name / Item No.	Instruction
	<ul style="list-style-type: none"> <li>✓ Joint Payee, or</li> <li>✓ Assignor</li> </ul>

**Part D - Revocation of Joint Payment Authorization**

The joint payee must sign this part to revoke an existing joint payment authorization.

9A Joint Payee's Signature (By)	Ensure that joint payee or authorized agent signs to revoke the existing joint payment authority.
9B Title/Relationship of the Individual if Signing in a Representative Capacity	If 9A is signed by a representative, enter title/relationship of the individual.
9C Date (MM-DD-YYYY)	Ensure that producer/representative enters the date.
<b>FOR COUNTY OFFICE USE ONLY</b>	
10 Receiving State and County	The receiving State and County Offices shall <b>be entered as receiving</b> CCC-37.
11 Date (MM-DD-YYYY)	County offices shall <b>enter the date</b> CCC-37 was received.
12 Time Filed	County offices shall <b>enter the time</b> CCC-37 was filed.
<b>Special Provisions</b>	Producer and the joint payee must read the Special Provisions Relating to Joint Payment Authorization, and the Privacy Act and Public Burden Statements on Page 2 of Form CCC-37.
13A FSA County Office Name, Address,	Enter the County office's name and address (Including Zip Code)
13B Telephone Number	Enter the County office's telephone number (Including area code).

***Additional Information***

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> <p>The joint payment authorization is executed on CCC-37 and must be filed in the FSA office.</p> <p>A check is made payable to the producer and another designated payee.</p> <p>The joint payment authorization must be revoked, in writing, by the joint payee.</p>