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See Page 2 for Privacy Act and Public Burden Statements.

**CCC-252**  
(08-24-18)

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

1. DATE OF NOTICE  
(MM-DD-YYYY)

**INSTRUMENT OF ASSIGNMENT**

**CONTRACT NUMBER** (a) \_\_\_\_\_ **DATED** (b) \_\_\_\_\_  
(8-Digit Contract Number)

**KNOW ALL MEN BY THESE PRESENTS: That** (c) \_\_\_\_\_  
(Prime Contract Company)

I (We) (d) \_\_\_\_\_  
(Prime Company Officer Name)

this (e) \_\_\_\_\_ day of (f) \_\_\_\_\_, for value received, do hereby assign

to (g) \_\_\_\_\_  
(Bank Name, Address and DUNS (999999999))

of (h) \_\_\_\_\_  
(Bank Name)

all right, title, and interest, to all monies due or to become due from the United States or from any agency or department thereof, or any corporation whose stock is wholly owned by the federal government, under Contract No. (i) \_\_\_\_\_

(8-Digit Contract Number)

dated (j) \_\_\_\_\_.

I (We) stipulate that such monies payable from the U.S. under such contract are being assigned to a bank, trust company, federal lending agency, or other recognized lending institution, unless such contract was made with a corporation whose stock is wholly owned by the federal government, in which case such contract may be assigned to a prior lienholder, or, with the prior approval of the contracting officer, to an individual.

I (We) further stipulate that the rights of the assignee to the proceeds of this contract are subject to, inter alia, defenses arising under the contract which the government could have asserted against the assignor absent the assignment.

I (We) further stipulate that no previous assignment has been made and agree that no additional assignments will be made under this contract; that payments thereunder will be made by checks drawn to the order of the assignee; that the assignment shall remain in force until released on written advice by the assignee.

Contractor (k) \_\_\_\_\_

By (l) \_\_\_\_\_

Title (m) \_\_\_\_\_

**ATTEST** (n):

\_\_\_\_\_

(SECRETARY)

(Affix Corporate Seal)

RETURN TO (o):

Empty box for return address.

**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 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 cash payments made by FSA or CCC 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). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination that cash payments made by FSA or CCC may not be assigned 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 5 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. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

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*Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*