

**CCC-37**  
(10-17-22)

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

**JOINT PAYMENT AUTHORIZATION**

**PART A - GENERAL INFORMATION**

1. Producer's (Assignor's) Name and Address <i>(Including Zip Code)</i>	2. Joint Payee's Name and Address <i>(Including Zip Code)</i>
3.Producer's (Assignor's) Tax Identification Number <i>(9 Digit Number)</i>	

**PART B – FSA APPLICABLE PROGRAM(S)**

4. Program	5. Program Year or Payment Year	6. State, County, and Reference No., If Applicable	4. Program	5. Program Year or Payment Year	6. State, County, and Reference No., If Applicable
Agricultural Risk Coverage (ARC)	FROM: TO:		Other:	FROM: TO:	
Price Loss Coverage (PLC)	FROM: TO:		Other:	FROM: TO:	
Conservation Reserve Program Annual Rental (CRP)	FROM: TO:		Other:	FROM: TO:	
Coronavirus Food Assistance Program (CFAP)	FROM: TO:		Other:	FROM: TO:	
Coronavirus Food Assistance Program 2 (CFAP2)	FROM: TO:		Other:	FROM: TO:	
Emergency Assistance Livestock Honeybees and Farm-Raised Fish Program (ELAP)	FROM: TO:		Other:	FROM: TO:	
Livestock Forage Disaster Program (LFP)	FROM: TO:		Other:	FROM: TO:	
Livestock Indemnity Program (LIP)	FROM: TO:		Other:	FROM: TO:	
Loan Deficiency Payments (LDP)	FROM: TO:		Other:	FROM: TO:	
Noninsured Crop Disaster Assistance Program (NAP)	FROM: TO:		Other:	FROM: TO:	
Wildfires and Hurricanes Indemnity Program Plus (WHIP+)	FROM: TO:		Other:	FROM: TO:	
Other <i>(All CRP, other than annual rental):</i>	FROM: TO:		Other:	FROM: TO:	

**PART C – JOINT PAYMENT AUTHORIZATION**

The undersigned assignor and joint payee request that CCC or FSA, as applicable, make the payments specified in Item 4 payable jointly to the specified assignor and the undersigned joint payee. Both the assignor and the joint payee agree that this authorization in no way affects the right of offset by CCC, FSA, or any other Government agency, regardless of the date the debt was incurred. Both the assignor and joint payee understand and agree that if the assignor files a Form CCC-36, Assignment of Payment, with CCC or FSA, for any program covered by this joint payment authorization, regardless of the date the assignment was filed, the assignment takes precedence and will be honored by CCC and FSA as though the assignment was filed prior to the joint payment authorization. Additional payments or remaining amounts due after assignments have been honored will be made payable to the joint payees identified on this form, subject to the aforementioned right of offset by Government agencies.

This authorization may be revoked at any time by the joint payee by completing Part D of this form or by submitting a written request signed by the joint payee to the FSA County office making the payment.

7A. Producer's Signature (By)	7B. Title/Relationship of the Individual if Signing in a Representative Capacity	7C. Date (MM-DD-YYYY)
8A. Joint Payee's Signature (By)	8B. Title/Relationship of the Individual if Signing in a Representative Capacity	8C. Date (MM-DD-YYYY)

**PART D - REVOCATION OF JOINT PAYMENT AUTHORIZATION**

Revocation of this authorization requires the signature of the joint payee. Joint payment authorization above is hereby revoked.

9A. Joint Payee's Signature (By)	9B. Title/Relationship of the Individual if Signing in a Representative Capacity	9C. Date (MM-DD-YYYY)
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**FOR COUNTY OFFICE USE ONLY**

10. Receiving State and County	11. Date Filed (MM-DD-YYYY)	12. Time Filed
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**SPECIAL PROVISIONS RELATING TO JOINT PAYMENT AUTHORIZATION**

- A. The original of this joint payment authorization, properly executed, must be filed in the FSA County office.
- B. CCC and FSA will recognize only **one** joint payment authorization at any given time per assignor for each program per program year or group of years if multi-year is selected.
- C. Neither the United States of America, the Commodity Credit Corporation, 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 joint payment authorization.
- D. This joint payment authorization does not extend to any successor of the joint payee.
- E. This joint payment authorization is effective for all counties unless specify on Part B, Item 6.
- F. This joint payment authorization is subject to offset for any delinquent Federal debt owed by the assignor

13A. FSA County Office Name and Address (Including Zip Code)	13B. Telephone Number (Including area code)
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**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 the Soil Conservation and Domestic Allotment Act (16 U.S.C. 590h(g)), the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agricultural Improvement Act of 2018 (P.L. 115-334) (7 U.S.C. 9094) and 7 CFR Part 1404. 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.

**Public Burden Statement:** Public reporting burden for this collection is estimated to average 10 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. This collection is voluntary. You are not required to respond to the collection or FSA may not conduct or sponsor a collection of information unless it displays a valid OMB control number of 0560-0183. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden by emailing to: askusda@usda.gov (OMB NO. 0560-0183).

**Paperwork Reduction Act (PRA) Statement:** For certain FSA, CCC programs such as ARC, PLC, CRP, ELAP, LIP, eLDP, and NRCS programs ACEP, AMA, CSP, EQIP, GRP, RCPP the information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). **RETURN THE COMPLETED FORM TO THE FSA COUNTY OFFICE.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, 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.