

?Instructions For CCC-37

JOINT PAYMENT AUTHORIZATION

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

Submit the original of the completed form in hard copy 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 8 and Item 13 at the time this form is filed with FSA and Item 9 upon revocation of joint payment authority.

Part A, B, and C, Items 1?8

Field Name / Item No.	Instruction
Part A	General Information
1 Producer's Name and Address	Enter the producer's name and address (including Zip Code).
2 Joint Payee's Name and Address	Enter the name and address of the person, business, institution, etc. to be included in the payment (joint payee).
3 Producer's Tax Identification Number (9 Digit Number)	Enter the producer's social security number or tax identification number.
Part B	Applicable Program(s)
4 Program	Select the applicable program as displayed or enter an applicable multi-year program name: - Conservation Reserve Program Annual Rental (CRP) - Milk Income Loss Contract (MILC) - Direct and or Counter Cyclical Payment (DCP) - Loan Deficiency Payment (LPD) Note:? All CRP, other than annual rental must be indicated in the ?????????? ?other? block.
5 Program Year or Payment Year	Enter the year of the applicable program year or payment year of the program name entered for joint payment.

Field Name / Item No.	Instruction
6 State, County, and Reference Number, If Applicable	If Joint Payment is applicable to only one FSA county office, or a particular farm or contract, enter State, county and reference number, if applicable.
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-7C Producer's Signature, Title/Relationship and Date	The producer or authorized agent shall sign and date. If other authorized agent or representative signs on behalf of the entity, please enter title or nature of authority.
8A-8C Joint Payee's Signature, Title Relationship and Date	Person, business, institution, etc. shall sign and date as joint payee? If other authorized agent or representative signs on behalf of the entity, please enter title or nature of authority.
Part D	Revocation of Joint Payment Authorization The joint payee must sign this part to revoke an existing joint payment authorization.
9A-9C Joint Payee's Signature, Title/Relationship and Date	The joint payee must sign and date this form to revoke the joint payment authorization.? If applicable, enter the title of the person representing the joint payee.

Items 10-12 are for FSA use only.?????

Item 13

Field Name / Item No.	Instruction
Special Provisions	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-13B County Office Name, Address, and Telephone Number	When CCC-37 is to be mailed or to be delivered by a carrier to the? FSA county office, the producer shall enter the FSA servicing office name and address with zip code and the telephone number with area code.

Additional Information

Field Name / Item No.	Instruction
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	A <u>joint payment authorization</u> is a written request to make payment to joint payees. • The joint payment authorization is executed on CCC-37 and must be filed in the FSA office. • A check is made payable to the producer and another designated payee. • The joint payment authorization must be revoked, in writing, by the joint payee.