

CCC-36
(09-09-09)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

ASSIGNMENT OF PAYMENT

See Page 2 for Privacy Act and Public Burden Statements.

PART A - GENERAL INFORMATION

1. Producer's (Assignor's) Name and Address (Including Zip Code)	2. Assignee's Name and Address (Including Zip Code)
3. Producer's (Assignor's) Tax Identification Number (9 Digit Number)	4. Assignee's Tax Identification Number (9 Digit Number)

PART B - APPLICABLE PROGRAM(S)

5. Program	6. Assigned Amount for Each Applicable Year					7. State, County, and Reference Number, If Applicable
Conservation Reserve Program Annual Rental (CRP)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Milk Income Loss Contract (MILC)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Direct and Counter-Cyclical Payment (DCP)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Loan Deficiency Payment (LDP)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	

8. Other Program Name <i>(All CRP, other than annual rental)</i>	9. Program Year or Payment Year	10. Assigned Amount	11. State, County, and Reference Number, If Applicable
		\$	
		\$	
		\$	
		\$	

PART C - REPRESENTATION OF ASSIGNOR AND ASSIGNEE

In order to assign a cash payment in accordance with the programs specified by the assignor in Items 5 and 8, this form must be completed by both the assignor and the assignee. Assignment is effective for all counties unless specify on Item 7 or Item 11. This assignment is applicable only to programs publicly announced before this form is filed and is subject to the terms stated in this form and the provisions of 7 CFR Part 1404.

The assignee agrees to repay promptly to the Federal Government any amount by which the assigned payment exceeds the amount secured by the assignment. The assignor and the assignee agree that they will promptly notify the county FSA office of any change affecting this assignment. This assignment may be revoked at any time by written request signed by the assignee.

12A. Producer's (Assignor's) Signature (By)	12B. Title/Relationship of the Individual if Signing in a Representative Capacity	12C. Date (MM-DD-YYYY)
13A. Assignee's Signature (By)	13B. Title/Relationship of the Individual if Signing in a Representative Capacity	13C. Date (MM-DD-YYYY)

PART D - REVOCATION OF ASSIGNMENT

Assignment of payment authorization above is hereby revoked.

14A. Assignee's Signature (By)	14B. Title/Relationship of the Individual if Signing in a Representative Capacity	14C. Date (MM-DD-YYYY)
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FOR COUNTY OFFICE USE ONLY

15. Receiving State and County	16. Date Filed (MM-DD-YYYY)	17. Time Filed
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COUNTY FSA COMMITTEE
 ASSIGNEE
 PRODUCER

SPECIAL PROVISIONS RELATING TO ASSIGNMENTS

- A. Assignment is effective for all counties unless a specific county is entered in Item 7 or Item 11.
- B. If the assignor assigns a specified value of payments to more than one assignee:
1. CCC and FSA will recognize assignments for each program per program year or group of years if multi-year is selected.
 2. Assignments will be honored in chronological sequence based on the order of filing with the county FSA
- C. The payment due the producer may be applied first against indebtedness owing by the producer to the United States, including debts arising after the execution of a Form CCC-36, which may be offset in accordance with the regulations governing, 7 CFR Parts 3, 1403, and 1951, and any balance will be subject to assignment.
- D. 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 assignment.
- E. This assignment does not extend to any successor of the assignee, nor may the assignee re-assign this assignment.
- F. The assignee's payment is subject to offset for any delinquent Federal debt owed by the assignee.

18A. COUNTY FSA OFFICE NAME AND ADDRESS (Including Zip Code)

18B. TELEPHONE NO. (Including area code):

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 and the Commodity Credit Corporation Charter Act (15 U.S.C. 714). The information will be used to allow the producer to authorize CCC to make a program payment to an 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 a payment to the assignee cannot be made.*

*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 10 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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