

CCC-37

(08-23-02)

U.S. DEPARTMENT OF AGRICULTURE

Commodity Credit Corporation

JOINT PAYMENT AUTHORIZATION

See Page 2 for Privacy Act and Public Burden Statements.

PART A - GENERAL INFORMATION

1. STATE	2. COUNTY
3. PRODUCER'S NAME AND ADDRESS (Including Zip Code)	5. JOINT PAYEE'S NAME AND ADDRESS (Including Zip Code)
4. PRODUCER'S TAX IDENTIFICATION NUMBER	

PART B - APPLICABLE PROGRAM(S)

6. Program	7. Program Year or Payment Year	8. Program Name	9. Program Year or Payment Year
Conservation Reserve Program	From:		
	To:		
Milk Income Loss Contract	From:		
	To:		
Direct and Counter-Cyclical Payment	From:		
	To:		
Loan Deficiency Payment	From:		
	To:		
Other:	From:		
	To:		

PART C - JOINT PAYMENT AUTHORIZATION

The undersigned producer and joint payee request that CCC or FSA, as applicable, make the payments specified in Items 6 and 8 payable jointly to the specified producer and the undersigned joint payee. Both the producer and the joint payee agree that this agreement 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 producer and joint payee understand and agree that if the producer 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 written request signed by both the producer and joint payee.

10A. PRODUCER'S SIGNATURE	10B. DATE (MM-DD-YYYY)
11A. JOINT PAYEE'S SIGNATURE	11B. DATE (MM-DD-YYYY)

PART D - REVOCATION OF JOINT PAYMENT AUTHORIZATION

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

12A. PRODUCER'S SIGNATURE	12B. DATE (MM-DD-YYYY)
13A. JOINT PAYEE'S SIGNATURE	13B. DATE (MM-DD-YYYY)

**FOR COUNTY OFFICE
USE ONLY**

14. DATE FILED (MM-DD-YYYY)

15. TIME FILED

COUNTY FSA COMMITTEE

☐

JOINT PAYEE

☐

PRODUCER

☐

SPECIAL PROVISIONS RELATING TO JOINT PAYMENT AUTHORIZATION

- A. The original of this joint payment authorization, properly executed, must be filed in the Farm Service Agency office in the county where the farm operation subject to this authorization is administratively located with respect to the program involved.
- B. CCC and FSA will recognize only 1 joint payment authorization at any given time per producer 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 producer without regard to this joint payment authorization.
- D. This joint payment authorization does not extend to any successor of the joint payee.

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

TELEPHONE NUMBER (Including area code):

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The Commodity Credit Corporation Charter Act, the Federal Agriculture Improvement and Reform Act of 1996, the Food Security Act of 1985, the Agricultural Act of 1949, and the Soil Conservation and Domestic Allotment Act authorizes collection of this data. Furnishing the assignee's identifying number is voluntary. Furnishing all other data is also voluntary; however, without it a payment to assignee cannot be issued. The information will be used to authorize CCC to make program payments to an assignee. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

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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