

CCC-37
(06-30-15)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

JOINT PAYMENT AUTHORIZATION

PART A - GENERAL INFORMATION

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

PART B – APPLICABLE PROGRAM(S)

4. Program	5. Program Year or Payment Year	6. State, County, and Reference Number, If Applicable	4. Program	5. Program Year or Payment Year	6. State, County, and Reference Number, 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	
Emergency Assistance Livestock Honey Bee and Farm-Raised Fish Program (ELAP)	FROM TO		Other:	FROM TO	
Livestock Forage Program (LFP)	FROM TO		Other:	FROM TO	
Livestock Indemnity Program (LIP)	FROM TO		Other:	FROM TO	
eLoan Deficiency Web Payment (eLDP)	FROM TO		Other:	FROM TO	
Noninsured Crop Disaster Assistance Program (NAP)	FROM TO		Other:	FROM TO	
Other (All CRP, other than annual rental):	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 Item 4 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 the joint payee by completing Part D of this form or by submitting a written request signed by the joint payee to the local FSA 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)

