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CCC-36
(08-23-02)

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. STATE	2. COUNTY	3. TOTAL AMOUNT ASSIGNED $
4. PRODUCER'S (ASSIGNOR'S) NAME AND ADDRESS *(Including Zip Code)*		6. ASSIGNEE'S NAME AND ADDRESS *(Including Zip Code)*
5. PRODUCER'S (ASSIGNOR'S) TAX IDENTIFICATION NUMBER		7. ASSIGNEE'S IDENTIFYING NUMBER TAX ID OR ABA NUMBER

PART B - APPLICABLE PROGRAM(S)

8. Program	9. Program Year or Payment Year	10. Assigned Amount for Each Applicable Year				
Conservation Reserve Program	From:	Year / Amount	Year / Amount	Year / Amount	Year / Amount	Year / Amount
	To:	Year / Amount	Year / Amount	Year / Amount	Year / Amount	Year / Amount
Milk Income Loss Contract	From: / To:	Year / Amount	Year / Amount	Year / Amount	Year / Amount	Year / Amount
Direct and Counter-Cyclical Payment	From: / To:	Year / Amount	Year / Amount	Year / Amount	Year / Amount	Year / Amount
Loan Deficiency Payment	From: / To:	Year / Amount	Year / Amount	Year / Amount	Year / Amount	Year / Amount
Other:	From: / To:	Year / Amount	Year / Amount	Year / Amount	Year / Amount	Year / Amount

11. Program Name	12. Program Year or Payment Year	13. Assigned Amount
		$
		$
		$
		$

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 8 and 11, this form must be completed by both the assignor and the assignee. This assignment is applicable only to payments issued by the county FSA office specified in Item 2. 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.

14A. PRODUCER'S (ASSIGNOR'S) SIGNATURE	14B. DATE *(MM-DD-YYYY)*
15A. ASSIGNEE'S SIGNATURE	15B. DATE *(MM-DD-YYYY)*

PART D- REVOCATION OF ASSIGNMENT

Assignment of payment authorization above is hereby revoked.

16A. ASSIGNEE'S SIGNATURE	16B. DATE *(MM-DD-YYYY)*

FOR COUNTY OFFICE USE ONLY	17. DATE FILED *(MM-DD-YYYY)*	18. TIME FILED

COUNTY FSA COMMITTEE ☐ ASSIGNEE ☐ PRODUCER ☐

SPECIAL PROVISIONS RELATING TO ASSIGNMENTS

A. The original of this assignment, properly executed, must be filed in the Farm Service Agency office in the county where the farm or operation subject to this assignment is administratively located with respect to the program involved.

B. If the assignor assigns a specified value of payments to more than one assignee:

1. CCC and FSA will recognize only 2 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 office.

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.

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

TELEPHONE NO. *(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.***