

<b>CCC-36</b> (03-17-97)  <b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation  <b>ASSIGNMENT OF PAYMENT</b>	1. STATE   3. AMOUNT ASSIGNED  \$	2. COUNTY
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4. NAME AND ADDRESS OF PRODUCER <i>(Assignor)</i>	5. NAME AND ADDRESS OF PRODUCER <i>(Joint Assignor)</i>	6. NAME AND ADDRESS OF ASSIGNEE
7. ASSIGNOR'S TAX IDENTIFICATION NUMBER	8. JOINT ASSIGNOR'S TAX IDENTIFICATION NUMBER	9. ASSIGNEE'S IDENTIFYING NO. <i>(Tax ID or ABA No.)</i>  DIRECT DEPOSIT    YES <input type="checkbox"/> NO <input type="checkbox"/>

10. APPLICABLE PROGRAM(S) Check			
√	PROGRAMS	√	PROGRAMS
<input type="checkbox"/>	A. PRODUCTION FLEXIBILITY CONTRACT	<input type="checkbox"/>	F. AGRICULTURAL CONSERVATION PROGRAM
<input type="checkbox"/>	B. LOAN DEFICIENCY PROGRAM	LONG TERM <input type="checkbox"/>	ANNUAL <input type="checkbox"/>
<input type="checkbox"/>	C. NONINSURED ASSISTANCE PROGRAM	<input type="checkbox"/>	G. WETLANDS RESERVE PROGRAM
<input type="checkbox"/>	D. DISASTER RESERVE ASSIST. PROGRAM	EASEMENT <input type="checkbox"/>	COST-SHARE <input type="checkbox"/>
<input type="checkbox"/>	E. CONSERVATION RESERVE PROGRAM	CONTRACT YEAR: _____ NO. _____	
ANNUAL RENTAL <input type="checkbox"/>	COST-SHARE <input type="checkbox"/>	<input type="checkbox"/>	H. EMERGENCY CONSERVATION PROGRAM
INCENTIVE PAYMENT <input type="checkbox"/>		<input type="checkbox"/>	I. ENVIRONMENTAL QUALITY INCENTIVE PROGRAM
CONTRACT YEAR: _____	NO. _____		
			J. OTHER PROGRAMS <i>(Specify):</i>

11. YEAR APPLICABLE TO ASSIGNMENT (Complete Item A or B) ▶	A. ANNUAL PROGRAMS PROGRAM YEAR	B. MULTI YEAR PROGRAMS CONTRACT YEAR    PAYMENT YEAR  THRU	12. CONTRACT OR CONTROL NO.
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**REPRESENTATION OF ASSIGNOR AND ASSIGNEE**

*In order to assign a cash payment in accordance with the programs specified by the assignor in Items 10 A through 10 J, 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.*

13. PRODUCER (ASSIGNOR) SIGN HERE		DATE
14. PRODUCER (JOINT ASSIGNOR) SIGN HERE		DATE
15. ASSIGNEE SIGN HERE		DATE

<b>FOR COUNTY OFFICE USE ONLY</b>	16. SYSTEM ASSIGNED CONTROL NUMBER(S)
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17. DATE FILED		<b>21. RECORD OF PAYMENT TO ASSIGNEE</b>					
18. TIME FILED		AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE
19. CCC OR FSA DEBT OWED							
\$	\$			\$		\$	
20. OTHER U.S. DEBT OWED							
\$	\$			\$		\$	

**SPECIAL PROVISIONS RELATING TO ASSIGNMENTS**

1. 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.
2. If the assignor assigns a specified value of payments to more than one assignee:
  - a. CCC and FSA will recognize only 2 assignments for each program on each farm per program year or group of years if multi-year is selected.
  - b. Assignments will be honored in chronological sequence based on the order of filing with the county FSA office.
3. 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.
4. 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.
5. This assignment does not extend to any successor of the assignee, nor may the assignee re-assign this assignment.

COUNTY OFFICE NAME AND ADDRESS AND TELEPHONE NO. (Include area code)

**NOTE:** *The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). 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.*

*Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Department of Agriculture, Clearance Officer, OIRM (OMB No. 0560-0183), Stop 7630, Washington, D.C. 20250-7630. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***