

<b>CCC-36</b> (06-13-23)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation	1. Check Applicable Agency <i>(only one)</i>  <input type="checkbox"/> FSA <input type="checkbox"/> NRCS
<b>ASSIGNMENT OF PAYMENT</b>		

**PART A GENERAL INFORMATION**

2. PRODUCER (ASSIGNOR'S) NAME AND ADDRESS <i>(Including Zip Code)</i>	3. ASSIGNEE'S NAME AND ADDRESS <i>(Including Zip Code)</i>
4. PRODUCER (ASSIGNOR'S) TAX IDENTIFICATION NUMBER <i>(9 Digit Number)</i>	5. ASSIGNEE'S TAX IDENTIFICATION NUMBER <i>(9 Digit Number)</i>
6. ASSIGNEE'S ELECTRONIC FUND TRANSFER INFORMATION: Direct Deposit to Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Information: Routing Number:	Financial Institution Name
Account Number:	Address

**PART B FSA APPLICABLE PROGRAM(S)**

7 Program <i>(FSA use only)</i>	8 Assigned Amount for Each Applicable Program Year					9 State, County, and Reference No, If Applicable
Agricultural Risk Coverage (ARC)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Price Loss Coverage (PLC)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
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	
Coronavirus Food Assistance Program (CFAP)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Coronavirus Food Assistance Program 2.0 (CFAP2)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Emergency Assistance Livestock Honeybees and Farm Raised Fish Program (ELAP)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Livestock Forage Disaster Program (LFP)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Livestock Indemnity Program (LIP)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Loan Deficiency Payments (LDP)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Noninsured Crop Disaster Assistance Program (NAP)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Wildfires and Hurricanes Indemnity Program Plus (WHIP+)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	

**PART B FSA APPLICABLE PROGRAM(S) Continued**

10 Other Program Name (FSA use only)	11 Program Year, or Payment Year	12 Assigned Amount	13 State, County, and Reference No., If Applicable
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**PART C NRCS APPLICABLE PROGRAM (S) (Use only by NRCS)**

14 Program Name (NRCS use only)	15 Program Year, or Payment Year	16 Assigned Amount	17 State, County, and Reference No., If Applicable
Agricultural Conservation Easement Program (ACEP)		\$	
Agricultural Management Assistance (AMA)		\$	
Conservation Stewardship Program (CSP)		\$	
Environmental Quality Incentives Program (EQIP)		\$	
Grassland Reserve Program (GRP)		\$	
Regional Conservation Partnership Program (RCPSP)		\$	
		\$	
		\$	

**PART D REPRESENTATION OF ASSIGNOR AND ASSIGNEE**

*In order to assign a cash payment in accordance with the programs specified by the assignor in Item 7, 10, and 14, this form must be completed by both the assignor and the assignee. Assignment is effective for all counties unless specified on Item 9, 13, and 17. 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 FSA or NRCS county office of any change affecting this assignment. This assignment may be revoked at any time by written request signed by the assignee.*

18A. Producer's (Assignor's) Signature (By)	18B. Title/Relationship of the Individual if Signing in a Representative Capacity	18C. Date (MM-DD-YYYY)
19A. Assignee's Signature (By)	19B. Title/Relationship of the Individual if Signing in a Representative Capacity	19C. Date (MM-DD-YYYY)

**PART E REVOCATION OF ASSIGNMENT**

Assignment of payment authorization above is hereby revoked.

20A. Assignee's Signature (By)	20B. Title/Relationship of the Individual if Signing in a Representative Capacity	20C. Date (MM-DD-YYYY)
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**FOR COUNTY OFFICE USE ONLY**

21. Receiving State and County	22. Date Filed (MM-DD-YYYY)	23. Time Filed
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**SPECIAL PROVISIONS RELATING TO ASSIGNMENTS**

- A. Assignment is effective for all counties unless a specific county is entered in Item 9, 13, or Item 17.
- B. If the assignor assigns a specified value of payments to more than one assignee:
  - 1. CCC, FSA and NRCS 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 FSA or NRCS county office.
- C. The payment due the assignor may be applied first against indebtedness owing by the assignor 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 CCC, FSA, NRCS, 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.

24A. FSA or NRCS COUNTY OFFICE NAME AND ADDRESS (Including Zip Code)	24B. TELEPHONE NO. (Including area code)
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**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 the Soil Conservation and Domestic Allotment Act (16 U.S.C. 590h(g)), the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agricultural Improvement Act of 2018 (P.L.115-334) and 7 CFR Part 1404. The information will be used to assign payments made under applicable CCC, FSA, and/or NRCS programs to a designated 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) and for USDA/NRCS-1, Landowner, Operator, Producer, Cooperator, or Participant Files. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination that the Assignor is unable to assign applicable CCC, FSA, and/or NRCS program payments to a designated assignee.*

**Public Burden Statement:** *Public reporting burden for this collection is estimated to average 10 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection or FSA may not conduct or sponsor a collection of information unless it displays a valid OMB control number of 0560-0183.*

**Paperwork Reduction Act (PRA) Statement:** *For certain FSA, CCC programs such as ARC, PLC, CRP, ELAP, LIP, eLDP, and NRCS programs ACEP, AMA, CSP, EQIP, GRP, RCPP, the information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1).*

**RETURN THE COMPLETED FORM TO YOUR FSA OFFICE OR NRCS COUNTY OFFICE.**

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

*Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*