

For: State and County Offices

Revised Policy on Evidence of Signature Authority for Entities and Joint Operations

Approved by: Acting Deputy Administrator, Farm Programs



1 Evidence of Signature Authority

A Background

Requesting evidence of signature authority for entities is very time consuming and cumbersome for both County Office employees and customers. Signature authority policy for entities and joint operations has been modified according to the Lean Sigma Six (LSS) Signature team recommendations.

B Purpose

This notice provides County Offices with revised policy about evidence of signature authority for entities and joint operations. 1-CM will be amended to include the revised policy.

Notes: Evidence of signature authority for individuals including spouses and minors has **not** been revised.

This policy is effective on April 2, 2009, and does not apply to signatures secured before the posting of this notice.

Policy contained in this notice **does not** apply to:

- representatives of cotton, rice, or peanut buyers (1-CM, paragraph 731)
- Farm Storage Facility Loan Program
- Tobacco Transition Payment Program
- Grassland Reserve Program
- Milk Income Loss Contract (**producers participating in MILC only**)
- Farm Loan Programs.

Note: County Office employees shall follow signature authority requirements in applicable handbooks for these programs.

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| Disposal Date January 1, 2010 4-2-09 | Distribution State Offices; State Offices relay to County Offices |
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1 Evidence of Signature Authority (Continued)

C Policy on Evidence of Signature Authority for All Entities and Joint Operations

County Offices shall verify signature authority for all entities and joint operations by reviewing checked box or boxes on:

- CCC-902E, Part C, Column F
- CCC-901, Part A, Column 5, as applicable.

Note: See 4-PL, paragraph 99 for instructions about requirements and instructions for completing CCC-901.

Examples: The following is an example of CCC-902E, Part C.

| PART C - MEMBER INFORMATION (Use CCC-902E Continuation if additional space is needed for any information in Part C) | | | | | |
|--|--|---------------|--|--|---|
| 1. Members - List all members/shareholders of the entity identified in Part A of this form: | | | | | |
| A. Name | B. Tax ID Number (Last 4 digits if already on file) | C. % Share | D. Position and Salary (If applicable) | E. Family Member Relationship (if applicable) | F. Does this member have signature authority for the legal entity? (Yes or No) |
| █ | █ | █ | █ \$ █ | █ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| █ | █ | █ | █ \$ █ | █ | <input type="checkbox"/> YES <input type="checkbox"/> NO |

The following is an example of CCC-901, Part A.

| PART A - For each individual or entity who is a member of this entity, list the member's name, social security/employer identification number, address and percentage share of ownership. If a member has both types of identification numbers, list both. | | | | |
|---|--|---------------|------------------------|--|
| Name of Legal Entity █ | | | | |
| 1. Member's Name | 2. SSN or Tax ID Number (Last 4 digits if already on file) | 3. Address | 4. Percent Share | 5. Does this member have signature authority for the legal entity? (Yes or No) |
| █ | █ | █ | █ % | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| █ | █ | █ | █ % | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| █ | █ | █ | █ % | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Only members selected in CCC-902E, Part C, Column F and/or CCC-901, Part A, Column 5 shall be considered authorized to sign for the entity.

Notes: This policy is effective on April 2, 2009, and does not apply to signatures secured before the posting of this notice.

County Offices shall no longer be required to request and maintain evidence of signature authority, such as corporate charters, articles of organization, trust agreements, etc.

If an entity or joint operation requests that an individual other than an authorized member be granted authority to act as an attorney-in-fact on behalf of the entity or joint operation, FSA-211 or FSA-211A shall be executed according to 1-CM, subparagraph 711 B, paragraphs 728 and 728.5, and Exhibit 60.

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1 Evidence of Signature Authority (Continued)

D County Office Action

County Office employees shall:

- comply with the revised policy in this notice effective immediately
- no longer request that customers provide documents, such as corporate charters, articles of organization, trust agreements, etc., as evidence of signature authority
- follow previous policy outlined in 1-CM, Section 3, for signatures secured before receipt of this notice.

Note: County Offices shall contact the State Office for guidance if there are concerns about questionable information provided on CCC-902E and/or CCC-901.

E State Office Action

State Office Program Specialists shall:

- ensure that County Offices comply with the revised policy in this notice
- assist County Offices with concerns related to information provided by entities on CCC-902E and/or CCC-901.

F Contact

State Office Program Specialists with questions about this notice shall contact Mike Sienkiewicz, PECD, by either of the following:

- e-mail to **mike.sienkiewicz@wdc.usda.gov**
- telephone at 202-720-8959.