

For: State and County Offices

**Revised CCC-36 and CCC-37 and Software Modifications to the
Assignment and Joint Payment System in County Release No. 494**

Approved by: Deputy Administrator, Management



1 Overview

**A
Background**

The Farm Security and Rural Investment Act of 2002, Public Law 107-171, (the Act) authorized new programs and re-authorized old programs. FSA, CCC will implement these programs by either developing new or modifying existing software to issue payments. The Assignment and Joint Payment System has been modified, and CCC-36 and CCC-37 have been revised for the programs included in the Act.

Currently, payments to assignees must be issued by CCC-184's. Software modifications included in County Release No. 494 provide the capability to make payments to assignees by electronic funds transfer (EFT) in the automated clearing house (ACH).

Many of the conservation program payments are subjected to assignments or joint payments. At the present time, assignment or joint payment records of newly automated conservation programs that were established with the old non-automated program codes will not be executed when payments are issued through the new automated process.

Continued on the next page

Disposal Date	Distribution
April 1, 2003	State Offices; State Offices relay to County Offices

Notice FI-2544

1 Overview (Continued)

B

Purpose

This notice informs State and County Offices of the following:

- revised CCC-36 and CCC-37, both dated 8-23-02
 - updated instructions for CCC-36 and CCC-37
 - that EFT is available for assignees and provides instructions
 - that a lastjob edit of the Assignment/Joint Payment history file will convert certain non-automated conservation program codes to the newly automated conservation program codes.
-

2 Assignment and Joint Payment Information

A

CCC-36 and CCC-37

CCC-36 and CCC-37 and related instructions have been revised as of August 23, 2002, to include the following 2 new multi-year programs:

- Milk Income Loss Contract (MILC)
- Direct and Counter-Cyclical Payments (DCP).

CCC-36 and CCC-37 and verification instructions are in Exhibits 1 and 2.

B

EFT Is Available for Assignees

After installing County Release No. 494:

- payments issued to assignees can be processed by generating EFT in ACH or by issuing CCC-184
 - the title of Assignment/Joint Payment Status Report AZKK910-R001 will be changed to Assignment/Joint Payment Status Report, Producer Report AZKK910-R001
 - a new report, Assignment/Joint Payment Status Report, Assignee Report AZK912-R001 will be printed when EFT is generated for an assignee.
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Notice FI-2544

2 Assignment and Joint Payment Information (Continued)

C

Importance of Assignment/Joint Payment Status Report, Assignee Report AZK912-R001

After installing County Release No. 494, the Assignment/Joint Payment Status Report, Assignee Report AZK912-R001 will be produced when EFT is issued for assignee. AZK912-R001 is the:

- certification that an assignment payment being made by EFT is authorized.
- assignee's statement that a payment has been issued by EFT.

Note: In addition to the information that is indicated on Report AZK910-R001, such as the producer (assignor), the applicable program, date the assignment was filed, assigned amount, cumulated paid amount, and outstanding balance of assigned amount; Report AZK912-R001 will also indicate the assignee ID, assignee name, applicable program, EFT payment amount, and the date AZK912-R001 was prepared

- issuing office's verification that a payment has been made.

Note: The local FSA office shall mail Report AZK912-R001 to assignee according to subparagraph 3 E.

D

Modifications to Assignment/Joint Payment Record Establishment and Assignment Correction Screens

After installing County Release No. 494, the following screens have been modified to accept DCP and MILC programs:

- Establishment Screen AZK10020 to establish an assignment or a joint payment
 - Correction Screen AZK20030 to correct an assignment.
-

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2 Assignment and Joint Payment Information (Continued)

E

Example of
Screen
AZK10020

This is an example of Establish Screen AZK10020.

Accounting Assignment / Joint Payment Screen	081 LITTLE RIVER Version: AC84	Establish 09-21-02 07:24	AZK10020 Term W2
Producer ID Name	561 92 8374 JOHN SMITH	Type S Facility Code 00 Assignment CCC-36 Number A003	
Place an "X" by the applicable program			
<input type="checkbox"/> Conservation Reserve			
<input type="checkbox"/> Production Flexibility			
<input type="checkbox"/> Loan Deficiency Payment			
<input type="checkbox"/> Market Loss Assistance			
<input type="checkbox"/> Direct and Counter Cyclical Program			
<input type="checkbox"/> Oilseeds Program			
<input type="checkbox"/> Tobacco Loss Assistance			
<input type="checkbox"/> Grazing Payments			
<input type="checkbox"/> Milk Income Loss Contract Program			
or, Enter program code			
Other _____			
Enter=Continue	Cmd4=Previous Screen	Cmd7=End	Help=Help Text

Note: Establish assignment or joint payment according to 63-FI, Part 4, Section 3.

Continued on the next page

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2 Assignment and Joint Payment Information (Continued)

F

Example of
Screen
AZK20030

This is an example of Correct Screen AZK20030.

Accounting	081 LITTLE RIVER	Correct	AZK20030
Assignment / Joint Payment Screen	Version: AC84	04-21-00 07:24	Term W2
Producer ID	561 92 8374	Type S Facility Code 00	Assignment CCC-36
Name	JOHN SMITH		Number A003
Place an "X" by the applicable program			
<input type="checkbox"/> Conservation Reserve			
<input type="checkbox"/> Production Flexibility			
<input type="checkbox"/> Loan Deficiency Payment			
<input type="checkbox"/> Market Loss Assistance			
<input type="checkbox"/> Direct and Counter Cyclical Program			
<input type="checkbox"/> Oilseeds Program			
<input type="checkbox"/> Tobacco Loss Assistance			
<input type="checkbox"/> Grazing Payments			
<input type="checkbox"/> Milk Income Loss Contract Program			
or, Enter program code			
Other _____			
Enter=Continue	Cmd4=Previous Screen	Cmd7=End	Help=Help Text

Note: Correct assignment according to 63-FI, Part 4, Section 4.

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Notice FI-2544

2 Assignment and Joint Payment Information (Continued)

**G
Assignment/Joint
Payment Records
of Certain
Conservation
Programs**

In County Release No. 492 the conservation program payment processing was converted to an automated interface with accounting software. A lastjob edit of the Assignment and Joint Payment history file is in County Release No. 494 that will convert the old program codes to the new corresponding program codes according to the following table.

Note: Local FSA offices will not be required to make changes to the Assignment and Joint Payment System for these conservation programs.

Conservation Program	Program Code	
	Old	New
Emergency Conservation Program (ECP)-Other	ECPO	AUTOECPO
ECP-Flood	ECPF	AUTOECPF
ECP-Tornado	ECPT	AUTOECPT
ECP-Drought	ECPD	AUTOECPD
ECP-Hurricane	ECPH	AUTOECPH
ECP-Hurricane Supplement	ECPHS	AUTOECPHS
ECT-Supplemental Hurricane Fencing	ECPHSF	AUTOECPHSF
ECP-Maple Producers	ECPMP	AUTOECPMP
ECP-Midwest Flooding Cost Share Payments	ECPMWF	AUTOECPMWF
ECP-Midwest Flooding Supplement Cost Share	ECPMWF2	AUTOECPMWF2
ECP-Cerro Grande Fires	00ECPCGF	00AUTOECPCGF
Rural Clean Water Program	RCWP	AUTORCWP
Full Environmental Quality Incentive (EQIP)	XXEQIP	XXAUTOEQIP
Interim EQIP	ACPEAN	AUTOACPEAN
Interim EQIP	ACPELT	AUTOACPELT
Agriculture Conservation Program FSA	ANA	AUTOANA
	LTA	AUTOLTA
1997 Tree Assistance Program	97TAP	97AUTOTAP
Conservation Reserve Program	XXCRPCS	XXAUTOCRPCS

Notice FI-2544

3 County Office Action

A

Availability of CCC-36 and CCC-37

CCC-36, CCC-37, and completion instructions for both are available at the USDA eForms website at <http://forms.sc.egov.usda.gov>. Local FSA offices shall encourage financial institutions or third parties to use the electronic forms.

B

Verifying CCC-36 and CCC-37

Local FSA offices shall verify CCC-36 and CCC-37 according to the instructions in Exhibits 1 and 2.

C

SF-1199A Required for EFT

After installing County Release No. 494, the local FSA office will be able to generate EFT to deposit the payment directly into the assignee's bank account.

An assignee **must** submit a completed SF-1199A to the local FSA office. The local FSA office shall review the submitted SF-1199A according to 1-FI, paragraph 64. See Exhibit 3 for an example of SF-1199A.

Note: An assignee may use FFAS-12 to invoke a hardship waiver for EFT according to 1-FI.

D

Notifying Assignees That Payment by EFT Is Available

Local FSA offices shall send the disclosure letter in Exhibit 4 to assignees who receive assigned payment by CCC-184. The disclosure letter:

- explains EFT and that direct deposit is available for assignees to receive future payments
- shall not be modified, except to include the name and telephone number of the local FSA office.

Note: Do not send the disclosure letter with CCC-184 if the assignee has a waiver on file.

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Notice FI-2544

3 County Office Action (Continued)

E Printing, Signing, Mailing, and Maintaining Reports

After the program payments have been processed and applied to assignments, County Office shall print the following reports:

- Disbursement Transaction Statement

Note: Print, sign, mail, and maintain this report according to 1-FI.

- Assignment/Joint Payment Status Report, Producer Report AZK910-R001 (Exhibit 5)

Note: Print and maintain this report according to 63-FI.

- Assignment/Joint Payment Status Report, Assignee Report AZK912-R001 (Exhibit 6).

The authorized CCC representative in the local FSA office shall **sign** AZK912-R001 in ink. The countersignature is accomplished on ACH Transaction Verification Report.

The local FSA office shall:

- **mail** a copy of signed AZK912-R001 to the assignee
 - **not** mail AZK912-R001 until ACH records are transmitted successfully
 - maintain Report AZK192-R001 according to the following:
 - verify information by comparing with applicable CCC-36
 - initial and date at the right-hand corner when verified
 - attach Report AZK912-R001 to the applicable CCC-36 with Reports AZK935-R001 and AZK910-R001
 - keep in the assignment file.
-

CCC-36, Assignment of Payment

A

Instructions for Verifying CCC-36 Local FSA office shall verify CCC-36 according to the following instructions.

Item	Instructions
1 and 2	Enter the State and county name.
3	Enter the total amount assigned. Note: If more than 1 program payment is assigned, enter the total of applicable payments, not to exceed the amount owed or to be owed the assignee.
4	Enter producer’s (assignor’s) name and address.
5	Enter producer’s (assignor’s) Social Security number or tax ID.
6	Enter assignee’s name and address.
7	Enter assignee’s Social Security number, tax ID, or the 9-digit ABA number when the assignee is a financial institution.
8	Select the applicable program as displayed or enter as applicable multi-year program name.
9	Enter the “from” and “to” years of the applicable program year or payment year next to the applicable program name listed under item 8.
10	Enter the following for each program as applicable: <ul style="list-style-type: none"> • for CRP, enter the total amount assigned for this multi-year program • for PFC or LDP, enter the year and estimated amount of payment that benefits are to be assigned.
11	Enter the program name to which the payment shall be assigned.
12	Enter the applicable program year or payment year .
13	Enter the applicable assigned amount of benefits.
14	Ensure that the producer’s (assignor’s) signature and date is completed.
15	Ensure that the assignee’s signature and date is completed.
16	Ensure that the assignee’s signature and date to revoke the existing assignment is completed.
17	County Offices shall enter the date that this CCC-36 was received.
18	County Offices shall enter the time that this CCC-36 was received.
19	On the reverse side, enter the County Office’s name, address, and telephone number as applicable.

Continued on the next page

CCC-36, Assignment of Payment (Continued)

B
 Copy of CCC-36 Following is an copy of CCC-36.

This form is available electronically.		Form Approved - OMB No. 0560-0183					
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	Year	Year	Year	Year	Year
	To:	Amount	Amount	Amount	Amount	Amount	Amount
Milk Income Loss Contract	From:	Year	Year	Year	Year	Year	Year
	To:	Amount	Amount	Amount	Amount	Amount	Amount
Direct and Counter-Cyclical Payment	From:	Year	Year	Year	Year	Year	Year
	To:	Amount	Amount	Amount	Amount	Amount	Amount
Loan Deficiency Payment	From:	Year	Year	Year	Year	Year	Year
	To:	Amount	Amount	Amount	Amount	Amount	Amount
Other:	From:	Year	Year	Year	Year	Year	Year
	To:	Amount	Amount	Amount	Amount	Amount	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 <input type="checkbox"/>		ASSIGNEE <input type="checkbox"/>	PRODUCER <input type="checkbox"/>				

Continued on the next page

CCC-36, Assignment of Payment (Continued)

B
Copy of CCC-36
(Continued)

<p>CCC-36 (08-23-02) (Page 2)</p> <p style="text-align: center;">SPECIAL PROVISIONS RELATING TO ASSIGNMENTS</p> <p>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.</p> <p>B. If the assignor assigns a specified value of payments to more than one assignee:</p> <ol style="list-style-type: none"> 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. <p>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.</p> <p>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.</p> <p>E. This assignment does not extend to any successor of the assignee, nor may the assignee re-assign this assignment.</p>	
<p>19. COUNTY FSA OFFICE NAME AND ADDRESS (Including Zip Code)</p>	
<p>TELEPHONE NO. (Including area code):</p>	
<p>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.</p> <p>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.</p>	
<p><small>The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D. C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.</small></p>	

CCC-37, Joint Payment Authorization

A

Instructions for Verifying CCC-37 Local FSA offices shall verify CCC-37 according to the following instructions.

Item	Instructions
1 and 2	Enter the State and county name.
3	Enter the producer’s name and address.
4	Enter the producer's Social Security number or tax ID.
5	Enter the joint payee's name and address.
6	Select the applicable program as displayed or enter an applicable multi-year program name.
7	Enter the “from” and “to” years of the applicable program year or payment year next to the applicable program name listed under item 6.
8	Enter the program name for which the benefits are to be jointly paid.
9	Enter the applicable program year or payment year the program benefits are to be jointly paid.
10	Ensure that the producer’s or authorized agent’s signature and date is completed.
11	<ul style="list-style-type: none"> • Ensure that the joint payee’s signature and date is completed • Enter the title of the authorized person who is acting in a representative capacity for the joint payee, as applicable.
12	Ensure that the producer’s or authorized agent’s signature and date to revoke the existing joint payment authority is completed.
13	<ul style="list-style-type: none"> • Ensure that the joint payee’s signature and date to revoke the existing joint payment authority is completed • Enter the title of the authorized person who is acting in a representative capacity for the joint payee, as applicable.
14	County Offices shall enter the date that this CCC-37 was received.
15	County Offices shall enter the time that this CCC-37 was received.
16	On the reverse side, enter the County Office’s name, address, and telephone number as applicable.

Continued on the next page

CCC-37, Joint Payment Authorization (Continued)

B
 Copy of CCC-37 Following is a copy of CCC-37.

This form is available electronically. U.S. DEPARTMENT OF AGRICULTURE Form Approved - OMB No. 0560-0183
 CCC-37 (08-23-02) U.S. DEPARTMENT OF AGRICULTURE
 Commodity Credit Corporation
JOINT PAYMENT AUTHORIZATION
 See Page 2 for Privacy Act and Public Burden Statements.

PART A - GENERAL INFORMATION

1. STATE	2. COUNTY
3. PRODUCER'S NAME AND ADDRESS (Including Zip Code)	5. JOINT PAYEE'S NAME AND ADDRESS (Including Zip Code)
4. PRODUCER'S TAX IDENTIFICATION NUMBER	

PART B - APPLICABLE PROGRAM(S)

6. Program	7. Program Year or Payment Year	8. Program Name	9. Program Year or Payment Year
Conservation Reserve Program	From: _____ To: _____		
Milk Income Loss Contract	From: _____ To: _____		
Direct and Counter-Cyclical Payment	From: _____ To: _____		
Loan Deficiency Payment	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 Items 6 and 8 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 written request signed by both the producer and joint payee.

10A. PRODUCER'S SIGNATURE	10B. DATE (MM-DD-YYYY)
11A. JOINT PAYEE'S SIGNATURE	11B. DATE (MM-DD-YYYY)

PART D - REVOCATION OF JOINT PAYMENT AUTHORIZATION

Revocation of this authorization requires the signature of both the producer and the joint payee. Joint payment authorization above is hereby revoked.

12A. PRODUCER'S SIGNATURE	12B. DATE (MM-DD-YYYY)
13A. JOINT PAYEE'S SIGNATURE	13B. DATE (MM-DD-YYYY)

FOR COUNTY OFFICE USE ONLY	14. DATE FILED (MM-DD-YYYY)	15. TIME FILED
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COUNTY FSA COMMITTEE JOINT PAYEE PRODUCER

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CCC-37, Joint Payment Authorization (Continued)

B
Copy of CCC-37
(Continued)

CCC-37 (08-23-02) Page 2

SPECIAL PROVISIONS RELATING TO JOINT PAYMENT AUTHORIZATION

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

B. CCC and FSA will recognize only 1 joint payment authorization at any given time per producer for each program per program year or group of years if multi-year is selected.

C. 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 producer without regard to this joint payment authorization.

D. This joint payment authorization does not extend to any successor of the joint payee.

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

TELEPHONE NUMBER (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.**

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SF-1199A, Direct Deposit Sign-Up Form

Following is an example of a completed SF-1199A.

WASHINGTON CLARKE COUNTY GOVERNMENT

OMB No. 1510-0007

Standard Form 1199A
(Rev. June 1997)
Prescribed by Treasury
Department
Treasury Dept. Cir. 1078

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial) Dooley, Jimmie R.		D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO) P.O. BOX 127		E DEPOSITOR ACCOUNT NUMBER 1 8 8 4 2	
CITY South Paris, ME	STATE ME	F TYPE OF PAYMENT (Check only one)	
ZIP CODE 04281	TELEPHONE NUMBER AREA CODE 207-555-4116	<input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retiree <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension <input checked="" type="checkbox"/> Other FSA Programs (specify)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT Jimmie R. Dooley		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
C CLAIM OR PAYROLL ID NUMBER Prefix 151-48-6311 Suffix		TYPE AMOUNT	
PAYEE JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE /s/ Jimmie R. Dooley	DATE 5/12/9X	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME USDA-FSA Oxford County FSA Office	GOVERNMENT AGENCY ADDRESS 1 Main Street South Paris, ME 04281
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION Bank of All Banks 129 Clarke Street South Paris, ME 04281	ROUTING NUMBER 5 4 5 3 8 1 6 2	CHECK DIGIT 4
DEPOSITOR ACCOUNT TITLE Jimmie R. Dooley		
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.		
PRINT OR TYPE REPRESENTATIVE'S NAME Rita Roper	SIGNATURE OF REPRESENTATIVE /s/ Rita Roper	TELEPHONE NUMBER 207-555-1369
		DATE 5-14-9X

Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-056-0224
GOVERNMENT AGENCY COPY
1199-207

Disclosure Letter

Local FSA offices shall use the following disclosure letter according to subparagraph 3 D.

Dear Payment Recipient:

The Debt Collection Improvement Act of 1996 requires that most Federal payments be made by electronic funds transfer after January 2, 1999.

If you are currently receiving your Farm Service Agency/Commodity Credit Corporation (FSA/CCC) payment by check, or if you have just become eligible to begin receiving an FSA/CCC payment, you have several choices:

- 1 **Receive your payment by Direct Deposit through the financial institution of your choice.** FSA/CCC makes payments electronically through a program called Direct Deposit. Direct Deposit is a safe, convenient, and reliable way to receive your FSA/CCC payment through a financial institution. A financial institution can be a bank, credit union, savings bank, or thrift account. Many financial institutions offer basic, low-cost accounts in addition to full-service checking or savings accounts.
- 2 **Receive your payment through a basic, low-cost account called an ETASM.** If you receive a Federal benefit, wage, salary, or retirement payment, you are eligible to open an ETASM. This account is available for a low monthly fee at many financial institutions. Like Direct Deposit, the ETASM (which stands for Electronic Transfer Account) is a safe, convenient, reliable way to receive your FSA/CCC payment through a financial institution. Please visit the Department of Treasury's website at <http://www.eta-find.gov> or call the number listed below to find out which financial institutions in your area offer the ETASM.
- 3 **Continue to receive a check.** If receiving your payment electronically would cause you a hardship because you have a physical or mental disability, or because of geographic, language, or literacy barrier, you may receive your payment by check. In addition, if receiving your payment electronically would cause you a financial hardship because it would cost you more than receiving your payment by check, you may receive your payment by check.

Please call the [name of County or State] FSA Office at [telephone number] if you would like more information on Direct Deposit, ETASM, or hardship waivers.

Sincerely,

[typed name]
[County or State] Executive Director

Report AZK910-R001, Assignment/Joint Payment Status Report, Producer Report

Following is an example of Report AZK910-R0001.

TEXAS MONTGOMERY Report ID: AZK910-R001	USDA-FSA Assignment/Joint Payment Status Producer Report	Prepared: 09-10-2002
Producer ID 71 0779931	Type S	Option: Payment
Producer Name: R P LEWIS FAMILY LIMITED PARTNERS C/O CYNTHIA LEWIS 9107 HIGHWAY 161 S SCOTT, AR 72142-9354		
<u>Assignment CCC-36 Number A001</u>		
<u>Applicable Programs:</u>		
Prod. Flex.	Year	2002
	Date Field	03-06-2002
	Assignment Amount	9,999.00
	Cumulative Paid	1,000.00
	Outstanding Balance	8,999.00
Assignee ID 430 05 8037	Type S	
Assignee Name FRANCIS M YANCY		
<u>Payment Information:</u>		
Program Code 02PFCUPCN	Payment Amount	200.00
Reference Number 11		

Report AZK912-R001, Assignment/Joint Payment Status Report, Assignee Report

Following is an example of Report AZK912-R001.

TEXAS MONTGOMERY Report ID: AZK912-R001	USDA-FSA Assignment/Joint Payment Status Assignee Report	Prepared: 09-10-2002
Assignee ID 430 05 8037	Type S	Option: Payment
Assignee Name: FRANCIS M YANCY 9119 COUNTRY CLUB BLVD LITTLE ROCK, AR 72207-4503		
<u>Assignment CCC-36</u> <u>Number A001</u>		
<u>Applicable Programs:</u>		
Prod. Flex.	Year	2002
	Date Field	03-06-2002
	Assignment Amount	9,999.00
	Cumulative Paid	1,000.00
	Outstanding Balance	8,999.00
Producer ID 71 0779931	Type S	
Producer Name R P LEWIS FAMILY LIMITED PARTNERS		
<u>Payment Information:</u>		
Program Code 02PFCUPCN	Payment Amount	200.00
Reference Number 11		
Approved Signed _____ (Authorized Representative of CCC)		