



# **Electronic Consent Based Social Security Number Verification (eCBSV) SCREEN PACKAGE**

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**1.**

# 1. eCBSV Registration Screens

## a. Optional Screens to Test Open ID Connect (OIDC) Registration

### i. Validate to Perform Dynamic Client Registration



#### Entity OpenID Connect (OIDC) Validation

Please enter OIDC details below

**OIDC Provider Issuer URL**

**Perform Dynamic Client Registration**

**Disclaimer:** By checking this box you acknowledge that this will create a test client ID in the Entity OIDC Provider, which must be deleted before registration with SSAs production environment.

**Dynamic Client Registration Authorization Header Credentials (Optional):**

Optional header to be included in the dynamic client registration request made to the Entity OIDC Provider. For instance: Bearer eyJhbG...

**Validate**

Exit

[OMB No. 0000-0000](#) [Privacy Policy](#) [Accessibility Help](#)



ii. Validation successful



### Entity OpenID Connect (OIDC) Validation

**OIDC Provider Issuer URL:** <https://nsc-dev-acu-120.ba.ssa.gov:7443/auth/realms/valtest1>

**Message:** Validation successful

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[OMB No. 0000-0000](#) [Privacy Policy](#) [Accessibility Help](#)

### iii. Invalid Issuer URL Validation - Failure message



#### Entity OpenID Connect (OIDC) Validation

**OIDC Provider Issuer URL:** <https://nsc-dev-acu-120.ba.ssa.gov:7443/auth/realms/Devcbstv>

**Message:**

```
{
  "timeStamp": "2020-11-13T16:09:54.78",
  "statusCode": 400,
  "error": "Bad Request",
  "message": "The OIDC configuration cannot be retrieved.",
  "path": "/register"
}
```

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[OMB No. 0000-0000](#) [Privacy Policy](#) [Accessibility Help](#)



iv. Validate to Perform Dynamic Client Registration using Authorization Header Credentials



### Entity OpenID Connect (OIDC) Validation

Please enter OIDC details below

**OIDC Provider Issuer URL**

`https://nsc-dev-acu-120.ba.ssa.gov:7443/auth/realms/valtest1`

**Perform Dynamic Client Registration**

**Disclaimer:** By checking this box you acknowledge that this will create a test client ID in the Entity OIDC Provider, which must be deleted before registration with SSAs production environment.

**Dynamic Client Registration Authorization Header Credentials (Optional):**

Optional header to be included in the dynamic client registration request made to the Entity OIDC Provider. For instance: Bearer eyJhbG...

Bearer  
eyJhbGciOiJSUzI1NiJ9.eyJpc3MiOiJodHRwczovL3ZhbHdzLmJhLnNzYS5nb3Y6NDQ3L29hdXRoL3Rva2Vuliwic3ViljoOUUzMzMyliwiZXhwIjoxNjAzMjA2MDUwLjUyYmYiOiJlMjMDMyMDQyNTAsImhhdCI6MTYwMzI

**Validate**

Exit

v. Validation successful



### Entity OpenID Connect (OIDC) Validation

**OIDC Provider Issuer URL:** <https://nsc-dev-acu-120.ba.ssa.gov:7443/auth/realms/valtest1>

**Message:** Validation successful

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[OMB No. 0000-0000](#) [Privacy Policy](#) [Accessibility Help](#)

vi. Validation failure



Entity OpenID Connect (OIDC) Validation

**OIDC Provider Issuer URL:** <https://nsc-dev-acu-120.ba.ssa.gov:7443/auth/realms/failureurl>

**Message:**

```
{  
  "timeStamp": "2020-11-13T16:06:47.85",  
  "statusCode": 400,  
  "error": "Bad Request",  
  "message": "The OIDC configuration cannot be retrieved.",  
  "path": "/register"  
}
```

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[OMB No. 0000-0000](#) [Privacy Policy](#) [Accessibility Help](#)

## b. Entity Registration for Direct Customers

### i. Provide Information

Entity Registration PENDING REVIEW 

1. Provide Information 2. Review and Submit

#### Entity Information

Please provide the information below. All information is required unless noted as optional. Upon submission, SSA will attempt to register your entity.  
\* Please ensure that you have completed the [entity registration technical requirements](#) prior to registration.

##### Entity Name

Entity 1

Entity operates with a Doing Business As (DBA) Name (Optional)

DBA

Entity One

DBA 2

Entity Numero

Delete

Add Another

##### Headquarters Address

Line 1: 1234 Test Way  
Line 2 (Optional): PO Box 77

City/Town: Baltimore  
State: Maryland  
ZIP Code: 23223

**Domain Name**

The Domain Name will be matched against a user's email address domain for OIDC Authorization redirects. For instance: entityname.com

**Open ID Connect (OIDC) Issuer URL**

The Issuer URL must match or be a subdomain of the Domain Name.

**Dynamic Client Registration Authorization Header Credentials (Optional)**

Optional header to be included in the dynamic client registration request made to the Entity OIDC Provider. For instance: Bearer eyJhbGciOiJSUzI1NiJ9.eyJ...

**Entity Email**

This email address will be used to receive entity registration communication. The email domain must match the Domain Name. For instance: xyz@entityname.com

**Employer Identification Number (EIN)**

**Do you have a Nationwide Multi-State Licensing System (NMLS) Unique Identifier?**

Yes

No

**Nationwide Multi-State Licensing System**

**Do you have an Unique Entity Identifier (UEI)?**

Yes

No

**Unique Entity Identifier**

**Do you have a DUNS?**

Yes

No

**DUNS**

## ii. Review and Submit

Entity Registration PENDING REVIEW

✓ 1. Provide Information    2. Review and Submit

Please review the answers you have provided and sign the EIN consent. All information is required. Click Continue when you are done.

### Entity Information

Edit

Entity Name:	Entity 1
DBA	Entity One
DBA 2	Entity Numero
Headquarters Address:	1234 Test Way PO Box 77 Baltimore, MD 23223
Domain Name:	entityone.com
Open ID Connect (OIDC) Issuer URL:	https://nsc-dev-acu-120.ba.ssa.gov:7443/auth/realms/valtest1
Entity Email:	xyz@entityone.com
EIN:	83-3399584
NMLS:	776655443388
UEI:	112233445777
DUNS:	454545454

### EIN Consent

Under 26 U.S.C. § 6103(c), I give my permission and consent for the Social Security Administration (SSA) to access the Employer Identification Number (EIN) maintained in SSA records for purposes of verifying the EIN provided to register for SSA's Consent Based Social Security Number Verification (CBSV) services, including eCBSV, and for regular verifications of the EIN, which may occur throughout a two (2) year period from the date of my signature.

I certify that I am a current officer of a corporation, association, or other entity with the authority under state law to execute this consent with respect to the disclosure of the EIN identified above or that I am a current shareholder of an S corporation, or a current member or partner of a partnership to whom the EIN relates. I recognize that this consent is valid for two (2) years from the date of signature unless revoked.

By checking this box and by typing my name below, I am electronically signing this consent.

\*Name

Mike Smith

\*Job Title

Vice President

Signed Date: 09/30/2020

Cancel

Continue

### iii. Entity Registration Success



### iv. Sample Entity Registration Email

**From:** SSA <NoReply@ssa.gov>  
**Sent:** Wednesday, September 30, 2020 12:35 PM  
**To:** xyz@entity1.com  
**Subject:** Entity Registration for eCBSV

Entity 1,

Your OAuth Client ID has been created. : xyz |

After completion of the technical requirements, please visit the eCBSV Customer Connection to complete the enrollment process.

Additional information for Service Providers:

\* All Financial Institutions must be registered with SSA. Please send this registration link to the financial institutions you will be servicing: < REGISTRATION PAGE>

\* More information about financial insititution registration is available at: <https://www.ssa.gov/dataexchange/eCBSV/>

This is an automated message. Please do not reply.

## c. Financial Institution Registration for Indirect Customers

### i. Enter Information & EIN Consent

Financial Institution Registration NEW

#### Financial Institution Information

**eCBSV Registration for Financial Institutions that will be using a Service Provider**

Please provide the information below. All information is required unless noted as optional. Upon submission, SSA will attempt to register your entity. Once registered, you will be asked to read and sign your Permitted Entity Certification.

**Financial Institution Name**

  
**Financial Institution Headquarters Address**

Line 1	Line 2 (Optional)
<input type="text"/>	<input type="text"/>

City/Town	State	ZIP Code
<input type="text"/>	Select a state <input type="text"/>	<input type="text"/>

**Financial Institution Email**

This email address will be used to receive registration communication.

  
**Employer Identification Number (EIN)**  
**Do you have a Nationwide Multi-State Licensing System (NMLS) Unique Identifier?**

Yes

No



## EIN Consent

Under 26 U.S.C. § 6103(c), I give my permission and consent for the Social Security Administration (SSA) to access the Financial Institution's Employer Identification Number (EIN) maintained in SSA records for purposes of verifying the EIN provided to use SSA's Consent Based Social Security Number Verification (CBSV) services, including eCBSV, and for regular verifications of the EIN, which may occur throughout a two (2) year period from the date of my signature.

If I am using SSA's CBSV services, including eCBSV, through another entity (e.g., a service provider), in the event of a discrepancy I also give my permission and consent for SSA to disclose to the service provider the fact that the EIN did not match the EIN maintained in SSA's records in order to resolve it.

I certify that I am a current officer of a corporation, association, or other entity with the authority under state law to execute this consent with respect to the disclosure of the EIN identified above or that I am a current shareholder of an S corporation, or a current member or partner of a partnership to whom the EIN relates. I recognize that this consent is valid for two (2) years from the date of signature unless revoked.

By checking this box and by typing my name below, I am electronically signing this consent.

**Name**

Melissa Adams

**Job Title**

Financial Advisor

**Signed Date:** 09/30/2020

Cancel

Continue

## ii. Permitted Entity Certification

Financial Institution Registration NEW

Before you can use eCBSV with a Service Provider, you must read and click Sign Certification to complete the Permitted Entity Certification (PEC) Statement below.

To learn more about the Permitted Entity Certification, [Click here](#).

### Step 1 - Provide Information

Please enter your Name, Title, and Phone Number.

First Name:

Melissa

Last Name:

Adams

Title:

Senior VP

Phone Number:

(667) 554-6622

## Step 2 – Review Permitted Entity Certification

CERTIFICATION STATEMENT FOR PERMITTED ENTITIES USING THE SSN VERIFICATION PROCESS (Signature required biennially)

### Name and Address of Permitted Entity

Bank A  
123 Money Lane  
Baltimore, MD 33776

The following certification must be completed prior to SSA authorizing use of the eCBSV system.

I, **Melissa Adams**, on behalf of the company listed above, certify that this entity attests to each of the following four (4) declarations:

1. The entity is a Permitted Entity.
2. The entity is in compliance with the Banking Bill.
3. The entity is, and will remain, in compliance with its privacy and data security requirements, as described in title V of the Gramm-Leach-Bliley Act (15 U.S.C. § 6801, et seq.), with respect to information the entity receives from the Commissioner pursuant to the Banking Bill.
4. The entity will retain sufficient records to demonstrate its compliance with its certification and the Banking Bill for a period of not less than two (2) years.

The permitted entity will provide this Certification to SSA, and not submit any SSN verification request to SSA if the Certification is older than two (2) years old or the permitted entity cannot attest to any one of the four (4) declarations.

The signatory, if electronically signing this document, agrees that his/her electronic signature has the same legal validity and effect as his/her handwritten signature on the document, and that it has the same meaning as his/her handwritten signature.

## Step 3 – Provide Electronic Signature

Please click on the Sign Certification button to electronically sign the Permitted Entity Certification.

*By clicking Sign Certification, you will be redirected to Adobe Sign, which is a nongovernment website that may have different [privacy policies](#) from those of the Social Security Administration's official website.*

Sign Certification

Cancel

Continue

### iii. Sign Permitted Entity Certification

Please sign: Permitted Entity Certification

**CERTIFICATION STATEMENT FOR PERMITTED ENTITIES USING THE SSN VERIFICATION PROCESS**  
**(Signature required biennially)**

**Name and address of Permitted Entity:**

Bank A  
123 Money Lane  
Baltimore, MD 33776

The following certification must be completed prior to SSA authorizing use of the eCBSV system.

I, Melissa Adams on behalf of the company listed above, certify that this entity attests to each of the following four (4) declarations:

1. The entity is a Permitted Entity.
2. The entity is in compliance with the Banking Bill.
3. The entity is, and will remain, in compliance with its privacy and data security requirements, as described in title V of the Gramm-Leach-Bliley Act (15 U.S.C. § 6801, et seq.), with respect to information the entity receives from the Commissioner pursuant to the Banking Bill.
4. The entity will retain sufficient records to demonstrate its compliance with its certification and the Banking Bill for a period of not less than two (2) years.

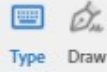
The permitted entity will provide this Certification to SSA, and not submit any SSN Verification request to SSA if the Certification is older than two (2) years old or the permitted entity cannot attest to any one of the four (4) declarations.

The signatory, if electronically signing this document, agrees that his/her electronic signature has the same legal validity and effect as his/her handwritten signature on the document, and that it has the same meaning as his/her handwritten signature.

Start

↑ ↓ 1 / 1 | ⊖ ⊕

Please sign: Permitted Entity Certification



Melissa Adams

Clear

Close

Apply

The permitted entity will provide this Certification to SSA, and not submit any SSN Verification request to SSA if the Certification is older than two (2) years old or the permitted entity cannot attest to any one of the four (4) declarations.

The signatory, if electronically signing this document, agrees that his/her electronic signature has the same legal validity and effect as his/her handwritten signature on the document, and that it has the same meaning as his/her handwritten signature.

**Company Official Name:** Melissa Adams

**Company Official Title:** Senior VP

**Company Official Phone Number:** (667) 554-6622

**Signature:** Click here to sign **Date:** 09/30/2020

Bank A  
123 Money Lane  
Baltimore, MD 33776

The following certification must be completed prior to SSA authorizing use of the eCBSV system.

I, Melissa Adams on behalf of the company listed above, certify that this entity attests to each of the following four (4) declarations:

- 1. The entity is a Permitted Entity.
- 2. The entity is in compliance with the Banking Bill.
- 3. The entity is, and will remain, in compliance with its privacy and data security requirements, as described in title V of the Gramm-Leach-Bliley Act (15 U.S.C. § 6801, et seq.), with respect to information the entity receives from the Commissioner pursuant to the Banking Bill.
- 4. The entity will retain sufficient records to demonstrate its compliance with its certification and the Banking Bill for a period of not less than two (2) years.

The permitted entity will provide this Certification to SSA, and not submit any SSN Verification request to SSA if the Certification is older than two (2) years old or the permitted entity cannot attest to any one of the four (4) declarations.

The signatory, if electronically signing this document, agrees that his/her electronic signature has the same legal validity and effect as his/her handwritten signature on the document, and that it has the same meaning as his/her handwritten signature.

**Company Official Name:** Melissa Adams  
**Company Official Title:** Senior VP  
**Company Official Phone Number:** (667) 334-6622  
**Signature:** Melissa Adams × **Date:** 09/30/2020



Please sign: Permitted Entity Certification

### Enter Your Information

Please enter your email and then click to sign this document.

Cancel Click to sign

1. The entity is a Permitted Entity.
2. The entity is in compliance with the Banking Bill.
3. The entity is, and will remain, in compliance with its privacy and data security

iv. Financial Institution Success

Financial Institution Registration NEW

✔ Thank you Bank A! You have successfully registered with eCBSV as a Financial Institution. Click [Print/Download Signed PDF](#) and print/save a copy of the completed permitted entity certification for your records. You will not be able to return to this screen after you exit.

Exit

## 2. eCBSV Customer Connection Screens

### a. Login Screen



Sign In to eCBSV Customer Connection

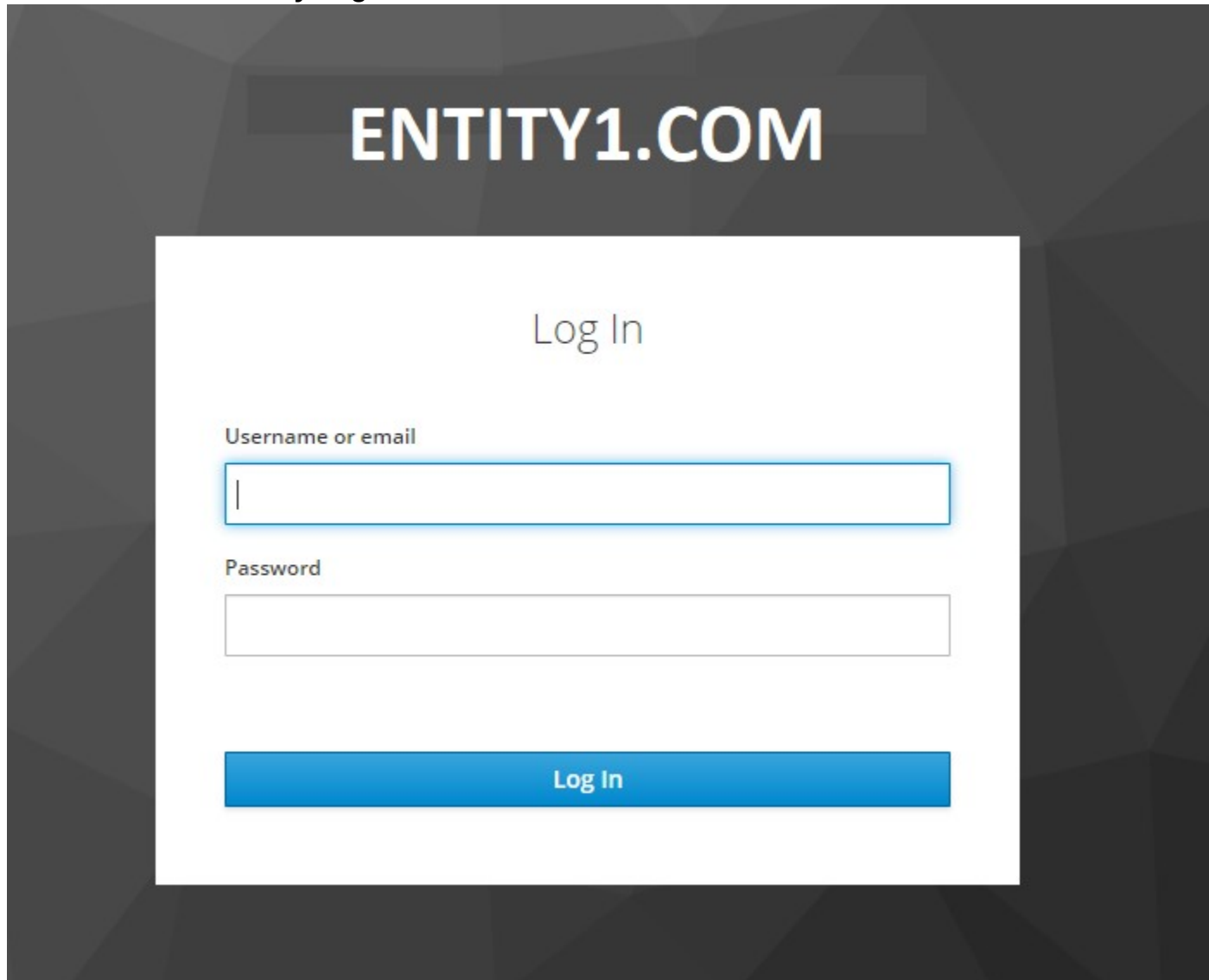
Please provide your Corporate Email ID

Email ID

[Sign In](#)

[Privacy Policy](#) [Accessibility Help](#)

**b. Redirected to Entity Login Screen**



The image shows a login screen for Entity1.com. At the top, the text "ENTITY1.COM" is displayed in a large, white, sans-serif font against a dark grey background. Below this, the words "Log In" are centered in a smaller, grey font. The login form consists of two input fields: the first is labeled "Username or email" and contains a single vertical bar cursor; the second is labeled "Password" and is empty. At the bottom of the form is a blue button with the text "Log In" in white.



### c. Unenrolled Home Screen

**eCBSV Customer Connection**

Entity 1  
Last logged in: 09/30/2021 10:56 AM

Welcome to the eCBSV Customer Connection

The eCBSV Customer Connection will guide you through the eCBSV Enrollment Process. To enroll in eCBSV you are required to provide your Permitted Entity Certification, review and sign the eCBSV User Agreement, and purchase your eCBSV Tier Subscription.

Upon completion of the enrollment workflow, you will be ready to start sending and receiving verifications through the eCBSV Verification Service. Once enrolled, the eCBSV Customer Connection will be used to maintain and manage your account.

More help is available on the eCBSV website: <https://www.ssa.gov/dataexchange/eCBSV>

**Enroll in eCBSV**

Please click an action link below.

Step 1: Provide Contact Information	Start
Step 2: Sign Permitted Entity Certification	
Step 3: Sign User Agreement	
Step 4: Purchase Tier Subscription	

## d. Contacts

### i. First-Time User

eCBSV Enrollment NEW

Contact Information Certification Agreement Tier Subscription

Primary, Alternate, and Authorizing Officials

Please click the Add Contact button to add a new contact. To edit a contact or role(s), click the Edit button. A person may not act as both the primary and alternate contact. If you are attempting to add a role for a contact and the role does not appear as an option, you must first remove the role from the existing contact and then assign the role to the new contact. In order to Continue, all roles must be selected with the exception of Alternate Contact.

Contact	Email Address	Phone Number	Roles Assigned	Action
No Contact Added				

Add Contact

Technical Mailbox(es)

This email will be used to distribute technical incident notifications for the eCBSV service. This email should be a **distribution list**, managed by your entity, that includes the individuals that would need to be notified in the event of a system outage or other technical problem. Individual email addresses should be avoided as much as possible.

Entity Technical Mailbox 1 ✖

Entity Technical Mailbox 2

Entity Technical Mailbox 3

Cancel Save Continue

ii. Add Contact and Assign Role(s)

**Add New Contact** ✕

**Assign Roles**

Primary Contact  
 Alternate Contact  
 Permitted Entity Certification Authorizing Official  
 User Agreement Authorizing Official

**Name**

**First**  **Last**

**Job Title**

**Telephone**  **Extension**

**Fax**

**Email**

**Mailing Address:**

**Line 1**

**Line 2**

**City/Town**  **State**  **ZIP Code**

**Add New Contact** ✕

**Assign Roles**

Primary Contact  
 Permitted Entity Certification Authorizing Official  
 User Agreement Authorizing Official

**Name**

**First**  **Last**

**Job Title**

**Telephone**  **Extension**

**Fax**

**Email**

**Mailing Address:**

**Line 1**

**Line 2**

**City/Town**  **State**  **ZIP Code**

### iii. Contact Main Screen

eCBSV Enrollment NEW

Contact Information
Certification
Agreement
Tier Subscription

**Primary, Alternate, and Authorizing Officials**

Please click the Add Contact button to add a new contact. To edit a contact or role(s), click the Edit button. A person may not act as both the primary and alternate contact. If you are attempting to add a role for a contact and the role does not appear as an option, you must first remove the role from the existing contact and then assign the role to the new contact. In order to Continue, all roles must be selected with the exception of Alternate Contact.

Contact	Email Address	Phone Number	Roles Assigned	Action
Jennifer Smith President	jsmith@entity1.com	(888) 777-6666	<ul style="list-style-type: none"> <li>• Primary Contact</li> <li>• User Agreement Authorizing Official</li> </ul>	<a href="#" style="border: 1px solid #334d5d; padding: 2px 5px;">Edit</a>
Bob Brown Attorney	bbrown@entity1.com	(888) 777-5555	<ul style="list-style-type: none"> <li>• Permitted Entity Certification Authorizing Official</li> </ul>	<a href="#" style="border: 1px solid #334d5d; padding: 2px 5px;">Edit</a>
Jim Jones Vice President	jjones@entity1.com	(999) 888-2222	<ul style="list-style-type: none"> <li>• Alternate Contact</li> </ul>	<a href="#" style="border: 1px solid #334d5d; padding: 2px 5px;">Edit</a>

[Add Contact](#)

**Technical Mailbox(es)**

This email will be used to distribute technical incident notifications for the eCBSV service. This email should be a **distribution list**, managed by your entity, that includes the individuals that would need to be notified in the event of a system outage or other technical problem. Individual email addresses should be avoided as much as possible.

**Entity Technical Mailbox 1 \***

**Entity Technical Mailbox 2**

**Entity Technical Mailbox 3**

[Cancel](#)
[Save](#)
[Continue](#)

## e. Permitted Entity Certification

### i. Main Screen

eCBSV Enrollment PENDING-CERTIFICATION

CONTACT INFORMATION **CERTIFICATION** AGREEMENT TIER SUBSCRIPTION

#### Permitted Entity Certification

The Permitted Entity Certification must be completed in order to participate in eCBSV. Please review and provide your electronic signature. Only the individual identified as the Permitted Entity Certification Authorizing Official will be able to electronically sign the certification.

To learn more about the Permitted Entity Certification, [Click here](#).

#### Step 1 – Confirm Contact Information Edit

The following contact will be used in the Permitted Entity Certification. Click the Edit button to make any changes to the data below. You will be redirected to the Contact Screen.

**Permitted Entity Certification Authorizing Official Name:** Bob Brown

#### Step 2 – Review Permitted Entity Certification

Please read the Permitted Entity Certification.

CERTIFICATION STATEMENT FOR PERMITTED ENTITIES USING THE SSN VERIFICATION PROCESS (Signature required biennially)

Name and Address of Permitted Entity:

Entity 1  
1234 Test Way  
PO Box 77  
Baltimore, MD 23223

The following certification must be completed prior to SSA authorizing use of the eCBSV system.

I, Bob Brown, on behalf of the company listed above, certify that this entity attests to each of the following four (4) declarations:

1. The entity is a Permitted Entity.
2. The entity is in compliance with the Banking Bill.
3. The entity is, and will remain, in compliance with its privacy and data security requirements, as described in title V of the Gramm-Leach-Bliley Act (15 U.S.C. § 6801, et seq.), with respect to information the entity receives from the Commissioner pursuant to the Banking Bill.
4. The entity will retain sufficient records to demonstrate its compliance with its certification and the Banking Bill for a period of not less than two (2) years.

The permitted entity will provide this Certification to SSA, and not submit any SSN Verification request to SSA if the Certification is older than two (2) years old or the permitted entity cannot attest to any one of the four (4) declarations.

The signatory, if electronically signing this document, agrees that his/her electronic signature has the same legal validity and effect as his/her handwritten signature on the document, and that it has the same meaning as his/her handwritten signature.

**Company Official Name:** Bob Brown

**Company Official Title:** Treasurer

**Company Official Phone Number:** (877) 998-6655

### Step 3 – Provide Electronic Signature

Please click on the Sign Certification button to electronically sign the Permitted Entity Certification.

*By clicking Sign Certification, you will be redirected to Adobe Sign, which is a nongovernment website that may have different privacy policies from those of the Social Security Administration's official website.*

Sign Certification

Cancel

Continue

ii. Sign Certification

**PEC Review and Sign** ×

Options ▾ Please sign: Permitted Entit... Next Required **1**

**CERTIFICATION STATEMENT FOR  
PERMITTED ENTITIES USING THE SSN VERIFICATION PROCESS**  
*(Signature required biennially)*


**Name and address of Permitted Entity:**

Entity 1 \_\_\_\_\_  
1234 Test Way \_\_\_\_\_  
PO Box 77 \_\_\_\_\_  
Baltimore, MD 23223 \_\_\_\_\_

The following certification must be completed prior to SSA authorizing use of the eCBSV system.

I, Bob Brown on behalf of the company listed above, certify that this entity attests to each of the following four (4) declarations:

1. The entity is a Permitted Entity.
2. The entity is in compliance with the Banking Bill.
3. The entity is, and will remain, in compliance with its privacy and data security requirements, as described in title V of the Gramm-Leach-Bliley Act (15 U.S.C. § 6801, et seq.), with respect to information the entity receives from the Commissioner pursuant





to the Banking Bill.

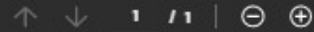
4. The entity will retain sufficient records to demonstrate its compliance with its certification and the Banking Bill for a period of not less than two (2) years.

The permitted entity will provide this Certification to SSA, and not submit any SSN Verification request to SSA if the Certification is older than two (2) years old or the permitted entity cannot attest to any one of the four (4) declarations.

The signatory, if electronically signing this document, agrees that his/her electronic signature has the same legal validity and effect as his/her handwritten signature on the document, and that it has the same meaning as his/her handwritten signature.

**Company Official Name:** Bob Brown  
**Company Official Title:** Treasurer  
**Company Official Phone Number:** (377) 000-0000  
**Signature:**  **Date:** 09/30/2020

Next



POWERED BY Adobe Sign

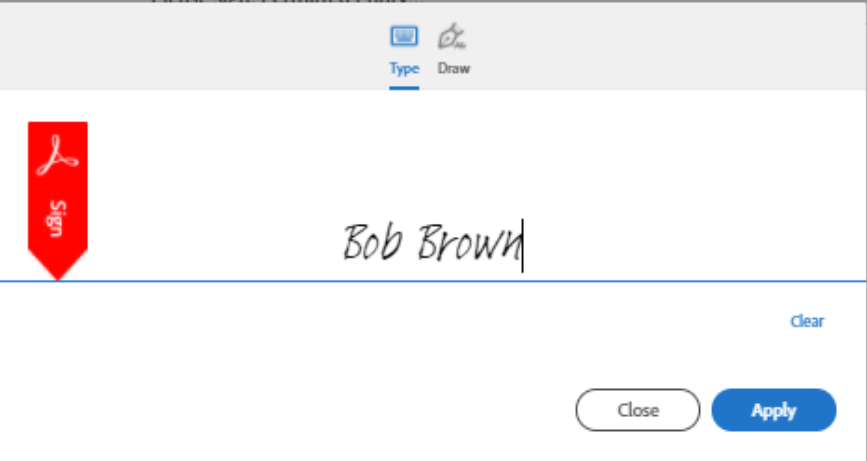
Close

Having trouble loading the document? [Click here](#) to open it in another window. Once complete, please close the window and return to this page to continue.

PEC Review and Sign

Options ▾ Please sign: Permitted Entity Next Required

Type Draw



Next

Close Apply

Clear

powered by Adobe S

Close

Having trouble loading the document? [Click here](#) to open it in another window. Once complete, please close the window and return to this page to continue.

**PEC Review and Sign** X

Options ▾ Please sign: Permitted Entit... Required fields completed ✓

to the Banking Bill.

4. The entity will retain sufficient records to demonstrate its compliance with its certification and the Banking Bill for a period of not less than two (2) years.

The permitted entity will provide this Certification to SSA, and not submit any SSN Verification request to SSA if the Certification is older than two (2) years old or the permitted entity cannot attest to any one of the four (4) declarations.

The signatory, if electronically signing this document, agrees that his/her electronic signature has the same legal validity and effect as his/her handwritten signature on the document, and that it has the same meaning as his/her handwritten signature.

Company Official Name:

Company Official Title:

Company Official Phone Number:

Signature:  x Date:

*I agree to the [Terms of Use](#) and [Consumer Disclosure](#) of this document* Click to Sign

POWERED BY Adobe Sign ▾


Close Having trouble loading the document? [Click here](#) to open it in another window. Once complete, please close the window and return to this page to continue.

**PEC Review and Sign** [Close]

Options [v] Please sign: Permitted Entity Required fields completed [checkmark]

**Enter Your Information** [Close]

Please enter your email and then click to sign this document.

Company Official Name: Bob Brown  
Company Official Title: Treasurer  
Company Official Phone Number: (877) 999-8888  
Signature:  Date: 09/30/2020

I agree to the Terms of Use and Consumer Disclosure of this document

POWERED BY Adobe [v]

Having trouble loading the document? [Click here](#) to open it in another window.  
Once complete, please close the window and return to this page to continue.

Page 36 of 69

### iii. Main Screen After Signature

#### Step 3 – Provide Electronic Signature

Please click on the Sign Certification button to electronically sign the Permitted Entity Certification.

*By clicking Sign Certification, you will be redirected to Adobe Sign, which is a nongovernment website that may have different [privacy policies](#) from those of the Social Security Administration's official website.*

Sign Certification

 View Signed PDF

Cancel

Continue

## f. User Agreement

### i. User Agreement Main

eCBSV Enrollment PENDING-AGREEMENT

CONTACT INFORMATION > CERTIFICATION > **AGREEMENT** > TIER SUBSCRIPTION

#### User Agreement

The User Agreement must be completed in order to participate in eCBSV. Using the links below, please review and electronically initial each section. Once you have finished your review, you are required to provide your electronic signature. Only the individual identified as the User Agreement Authorizing Official can electronically sign the agreement.

To learn more about the User Agreement, [Click here](#).

#### Step 1 – Confirm Contact Information Edit

The following contacts will be used in the User Agreement. Click the Edit button to make any changes to the data below. You will be redirected to the Contact Screen.

**Primary Contact Name:** Jennifer Smith

**Alternate Contact Name:** Jim Jones

**User Agreement Authorizing Official Name:** Jennifer Smith

#### Step 2 – Initial User Agreement

Please read and electronically initial each section of the User Agreement below.

User Agreement Section	Status of Initials
I Purpose and Definitions	✘ Not Completed
II SSN Verification Does Not Provide Proof or Confirmation of Identity	✘ Not Completed
III Responsibilities	✘ Not Completed
IV Consent	✘ Not Completed
V Technical Specifications and Systems Security and Related Business Process Requirements	✘ Not Completed
VI Costs of Service	✘ Not Completed
VII Duration of User Agreement, Suspension of Services, and Waiver of Right to Judicial Review	✘ Not Completed
VIII Audit Requirements	✘ Not Completed
IX Noncompliance Categories, Penalties, Reinstatement	✘ Not Completed
X Unilateral Amendments	✘ Not Completed
XI Indemnification	✘ Not Completed
XII Disclaimers	✘ Not Completed
XIII Integration	✘ Not Completed
XIV Resolution Mechanism	✘ Not Completed
XV Contacts	✘ Not Completed

### Step 3 - Provide Electronic Signature

Please click on the Sign Agreement button to electronically sign the User Agreement. By providing your electronic signature, you are accepting SSA's offer to participate in eCBSV.

*By clicking Sign Agreement, you will be redirected to Adobe Sign, which is a nongovernment website that may have different [privacy policies](#) from those of the Social Security Administration's official website.*

Sign Agreement

Cancel

Continue

ii. User Reads & Initials User Agreement Section(s)

**User Agreement** ✕

[Previous Section](#) [Next Section](#)

**User Agreement Between the Social Security Administration (SSA) And Entity 1, For the electronic Consent Based Social Security Number (SSN) Verification (eCBSV) Service**

**II. SSN Verification Does Not Provide Proof or Confirmation of Identity**

SSA's SSN Verification does not provide proof or confirmation of identity. *eCBSV is designed to provide a permitted entity with only a "yes" or "no" verification of whether the SSN verified with SSA's records. If SSA's records show that the SSN holder is deceased, eCBSV returns a death indicator. SSN Verifications do not verify an individual's identity. eCBSV does not verify employment eligibility, nor does it interface with the Department of Homeland Security's (DHS) verification system, and it will not satisfy DHS's I-9 requirements.*

Initial Below

---

**III. Responsibilities**

**A. Permitted Entity Responsibilities**

Failure to follow the requirements listed below may result in suspension or termination of the eCBSV service.

1. If the Permitted Entity is operating as a service provider, subsidiary, affiliate, agent, subcontractor, or assignee of a Financial Institution, the Permitted Entity will ensure that each Financial Institution it services abides by all terms, conditions, and requirements of this user agreement through a contractual relationship or other express written agreement.
2. The Permitted Entity acknowledges that a requirement to register for using the eCBSV system and signing this user agreement, is to provide to SSA a consent for SSA to access its Employer Identification Number (EIN). The Permitted Entity agrees to notify SSA if its EIN has changed since signing this user agreement.
3. Pursuant to the certification requirement in the Banking Bill, the Permitted Entity must submit a Permitted Entity Certification at the outset of this user agreement and at least every two (2) years thereafter by using the template attached to the user agreement as Exhibit A. Permitted Entities cannot deviate from the language provided in Exhibit A. The Permitted Entity must complete its own Permitted Entity Certification. If the Permitted Entity services a Financial Institution pursuant to a separate

[Close](#) [Save](#)



	User Agreement Section	Status of Initials
I	Purpose and Definitions	✔ Completed
II	SSN Verification Does Not Provide Proof or Confirmation of Identity	✔ Completed
III	Responsibilities	✔ Completed
IV	Consent	✔ Completed
V	Technical Specifications and Systems Security and Related Business Process Requirements	✔ Completed
VI	Costs of Service	✔ Completed
VII	Duration of User Agreement, Suspension of Services, and Waiver of Right to Judicial Review	✔ Completed
VIII	Audit Requirements	✔ Completed
IX	Noncompliance Categories, Penalties, Reinstatement	✔ Completed
X	Unilateral Amendments	✔ Completed
XI	Indemnification	✔ Completed
XII	Disclaimers	✔ Completed
XIII	Integration	✔ Completed
XIV	Resolution Mechanism	✔ Completed
XV	Contacts	✔ Completed
XVI	Authorizing Signature and Date	✔ Completed

### Step 3 - Provide Electronic Signature

Please click on the [Sign Agreement](#) button to electronically sign the User Agreement. By providing your electronic signature, you are accepting SSA's offer to participate in eCBSV.

*By clicking Sign Agreement, you will be redirected to Adobe Sign, which is a nongovernment website that may have different privacy policies from those of the Social Security Administration's official website.*

[Sign Agreement](#)

[Cancel](#)

[Continue](#)

iii. Sign Agreement

**Review and Sign** [Close]

Options ▾ Please sign: User Agreement Next Required **1**

OMB No. 0960-0817

**User Agreement**  
Between

Start

1 / 29 [Previous] [Next] [Close]

POWERED BY Adobe Sign

**Close** Having trouble loading the document? [Click here](#) to open it in another window. Once complete, please close the window and return to this page to continue.

### Review and Sign

Options ▾ Please sign: User Agreement Next Required 1

The signatory below warrants and represents that he/she has the competent authority on behalf of its entity to enter into the obligations set forth in this user agreement.

The signatory may sign this document electronically by using an approved electronic signature process. By providing a signature, the Permitted Entity is accepting SSA's offer to participate in eCBSV and agreeing to abide by the terms of this user agreement.

The signatory, if electronically signing this user agreement agrees that his/her electronic signature has the same legal validity and effect as his/her handwritten signature on the user agreement, and that it has the same meaning as his/her handwritten signature.

**Permitted Entity**  
\* Click here to sign

**Company Official Signature**  
Jennifer Smith

23

Next

Click to Sign

↑ ↓ 23 / 29 ⊖ ⊕

POWERED BY Adobe Sign


[Close](#)

Having trouble loading the document? [Click here](#) to open it in another window. Once complete, please close the window and return to this page to continue.

**Review and Sign** [Close]

Options ▾ Please sign: User Agreement Next Required 1

Type Draw

 Jennifer Smith

Next

Clear

Close Apply

23

↑ ↓ 23 / 29 | - +

POWERED BY Adobe Sign

Close

Having trouble loading the document? [Click here](#) to open it in another window. Once complete, please close the window and return to this page to continue.


### Review and Sign

Options ▾ Please sign: User Agreement Required fields completed ✓

The signatory below warrants and represents that he/she has the competent authority on behalf of its entity to enter into the obligations set forth in this user agreement.


The signatory may sign this document electronically by using an approved electronic signature process. By providing a signature, the Permitted Entity is accepting SSA's offer to participate in eCBSV and agreeing to abide by the terms of this user agreement.

The signatory, if electronically signing this user agreement agrees that his/her electronic signature has the same legal validity and effect as his/her handwritten signature on the user agreement, and that it has the same meaning as his/her handwritten signature.

**Permitted Entity**  
  
Jennifer Smith (July 30, 2020)

**Company Official Signature**  
Jennifer Smith

23

 Sign

*I agree to the [Terms of Use](#) and [Consumer Disclosure](#) of this document* [Click to Sign](#)

POWERED BY Adobe Sign

[Close](#)

Having trouble loading the document? [Click here](#) to open it in another window. Once complete, please close the window and return to this page to continue.

**Review and Sign** [Close]

Options ▾ Please sign: User Agreement Required fields completed ✓

**Enter Your Information** [Close]

Please enter your email and then click to sign this document.

**Permitted Entity**  
Jennifer Smith  
(Jennifer Smith, Corp 11, 1234)

**Company Official Signature**  
Jennifer Smith

23

I agree to the [Terms of Use](#) and [Consumer Disclosure](#) of this document **Click to Sign**

POWERED BY Adobe Sign

**Close**

Having trouble loading the document? [Click here](#) to open it in another window. Once complete, please close the window and return to this page to continue.

#### iv. Main Screen After Signature

##### Step 3 - Provide Electronic Signature

Please click on the Sign Agreement button to electronically sign the User Agreement. By providing your electronic signature, you are accepting SSA's offer to participate in eCBSV.

*By clicking Sign Agreement, you will be redirected to Adobe Sign, which is a nongovernment website that may have different [privacy policies](#) from those of the Social Security Administration's official website.*

Sign Agreement

 View Signed PDF

Cancel

Continue

## g. Tier Subscription

### i. Select Tier Selection

eCBSV Enrollment PENDING-PAYMENT

CONTACT INFORMATION > CERTIFICATION > AGREEMENT > **TIER SUBSCRIPTION**

1. Tier Subscription    2. Tier Subscription Review & Pay

#### Select Tier

Please review the table below and select your tier. Your tier selection is valid for one year. All payments must be made via Pay.gov.

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
<b>Transactions</b>	Up to 1,000	Up to 10,000	Up to 200,000	Up to 50 million	Up to 2 billion
<b>Tier Cost</b>	\$400	\$3,030	\$14,300	\$276,500	\$860,000
<b>Administrative Fee</b> ⓘ	\$3,693	\$3,693	\$3,693	\$3,693	\$3,693
<b>Total Cost</b>	\$4,093	\$6,723	\$17,993	\$280,193	\$863,693



1. Tier Subscription    2. Tier Subscription Review & Pay

Select Tier

Please review the table below and select your tier. Your tier selection is valid for one year. All payments must be made via Pay.gov.

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
<b>Transactions</b>	Up to 1,000	Up to 10,000	Up to 200,000	Up to 50 million	Up to 2 billion
<b>Tier Cost</b>	\$400	\$3,030	\$14,300	\$276,500	\$860,000
<b>Administrative Fee</b> <a href="#">?</a>	\$3,693	\$3,693	\$3,693	\$3,693	\$3,693
<b>Total Cost</b>	\$4,093	\$6,723	\$17,993	\$280,193	\$863,693
	Select	<b>Selected</b>	Select	Select	Select

Cancel

Continue

ii. Tier Subscription Review & Pay

eCBSV Enrollment PENDING PAYMENT

CONTACT INFORMATION > CERTIFICATION > AGREEMENT > **TIER SUBSCRIPTION**

✓ 1. Tier Subscription    2. Tier Subscription Review & Pay

**Tier Information** Edit

Click Pay below to proceed to Pay.gov. Your Tier Subscription will begin as soon as payment is successfully completed on Pay.gov.


**Tier Name:** Tier 2  
**Transactions:** Up to 10,000  
**Total Cost:** \$6,723

Cancel Pay

iii. Pay.Gov Redirect

**Pay.gov** ✕

**You are being redirected to Pay.gov**



To make your payment online, you will need to use Pay.gov. Pay.gov may have different privacy policies than the Social Security Administration.

[Click Here For More Information](#)

While on Pay.gov, you will have 30 minutes to complete your transaction.

**Tier subscription cannot be altered after payment on Pay.gov has been successfully processed.**

[Cancel](#) **Continue to Pay.gov**



iv. Pay.gov Pay Screen 1 (for payments of \$24,999 or lower)

Note: Customers with payments of \$25,000 and greater will not see this screen as they will be required to pay by ACH.



### eCBSV electronic Consent Based Social Security Verification

Please select a payment method:

- I want to pay with a withdrawal from a checking or savings account (ACH) 
- I want to pay with a debit or credit card 

[Cancel](#)

[Continue](#)

v. Pay.gov Pay Screen 2 (Checking or Savings Account (ACH))



**eCBSV electronic Consent Based Social Security Verification**

Please enter checking or savings account information below.

\* indicates required fields

Agency Tracking ID: 1588199473

Payment Amount: \$1,000.00

\* Account Holder Name:

\* Account Type:

Routing Number	Account Number	Check Number
026946783	9243767390	1234

\* Routing Number:

\* Account Number:

\* Confirm Account Number:

[Cancel](#)

[Continue](#)

vi. Pay.gov Pay Screen 3 (Credit or Debit Card)



**eCBSV electronic Consent Based Social Security Verification**

Please provide the Credit or Debit Card Information below

\* indicates required fields

Agency Tracking ID: 1588449095

Payment Amount: \$3,658.00

\* Country:

\* Billing Address:

Billing Address 2:

\* City:

State/Province:

ZIP/Postal Code:

\* Account Holder Name:



\* Card Number:

\* Expiration Date:

\* Card Security Code:

[Cancel](#)

[Continue](#)

vii. Pay.gov Pay Screen 4 (Review and Submit Payment)



**eCBSV electronic Consent Based Social Security Verification**

**Review and submit payment**

\* indicates required fields

Agency Tracking ID: 1588199473

Payment Amount: \$1,000.00

Payment Method: ACH Debit

Account Holder Name: Test Name

Account Type: Business Checking

Routing Number: 042000424

Account Number: \*\*\*\*\*6778

Authorization and Disclosure Statement: 

**Authorization and Disclosure--Consumers and Businesses**  
The debit transaction(s) to which you are agreeing are handled on behalf of Federal agencies by "Pay.gov," which consists of services offered by the U.S. Treasury Department's Financial Management Service. As used in this document, "we" or "us" refers to the Financial Management Service and its agents and contractors operating Pay.gov. "You" refers to the end-user reading this document and agreeing to it prior to engaging in a debit transaction.  
**I. Consumers**

I agree to the Pay.gov authorization and disclosure statement.

[Previous](#)


[Cancel](#)


[Continue](#)

## h. Start Exchanging

### i. Payment Confirmation


eCBSV Enrollment RESOLVED-COMPLETED

 Thank you Entity 1! Your payment has been accepted.

 [Payment Receipt](#)

Your Exchange ID is: **1601580390**

This ID has been emailed to your primary contact and is required on each verification transaction. Please see [eCBSV Technical Guide](#) for more information.

 [Print/Download Page Contents](#)

You have completed the enrollment process.

[Return Home](#)



ii. Print/Download Page Contents

The screenshot displays a web application interface. The main content area on the left shows a confirmation message: "Thank you Entity !! Your payment has been accepted." Below this is a "Payment Receipt" icon and text stating "Your Exchange ID is: 1601580390". It further explains that this ID has been emailed to the primary contact and is required for verification transactions, with a link to the "eCBSV Technical Guide". A "Print/Download Page Contents" icon is also present, followed by the text "You have completed the enrollment process." At the bottom left of the main area, there is a "Live UI" icon and a URL starting with "https://bpmoval.ba.ssa.gov/".

The right sidebar is titled "Print" and shows "1 page". It contains three dropdown menus: "Destination" set to "Save as PDF", "Pages" set to "All", and "Layout" set to "Portrait". Below these is a "More settings" dropdown. At the bottom right of the sidebar are two buttons: "Save" (in blue) and "Cancel" (in white).

## i. Payment Receipt

### i. Receipt

#### Pay.gov Payment

Date:	09/30/2020
Amount:	\$4,721.00
Invoice:	1601600333
Pay.gov Confirmation:	3FPJH1DO

#### Tier Subscription Dates

Start Date:	09/30/2020
End Date:	09/29/2021

#### Tier Information

Tier Name:	Tier 2
Number of Transactions:	Up to 10,000

#### Entity Information

Entity Name:	Entity 1
DBA:	Entity One
EIN:	83-3399584

#### Headquarters Address

1234 Test Way  
PO Box 77  
Baltimore, MD 23223

Thank you for participating in the Social Security Administration's eCBSV service.

ii. Print/Download Receipt

Amount is total cost after any credits are applied.

Pay.gov Payment	
Date	07/23/2020
Amount	\$15,991.00
Invoice	159626400
Pay.gov Confirmation	3991868

Efile Subscription Dates	
Start Date	07/23/2020
End Date	07/23/2021

Efile Information	
File Name	File 3
Number of Transactions	Up to 200,000

Entity Information	
Entity Name	Sample Bank, A
CRN	Sample IDBA, 1
EIN	99-9991083

**Headquarters Address** 113 Mainline Lane  
Timonium, MD 21093

Thank you for participating in the Social Security Administration's eCRIV service.

Print 1 page

Destination Save as PDF

Pages All

Pages per sheet 1

Save Cancel

### iii. Sample Enrollment Email



SSA <NoReply@ssa.gov>

jsmith@entity1.com;  jjones@entity1.com ▾

**eCSV enrollment complete**

[Retention Policy](#) [Delete\\_7\\_Year\\_Default \(7 years\)](#)

Expires 9/29/2027

Entity 1,

You are enrolled in eCSV, your payment is accepted and you are ready to start submitting data. Your Exchange ID has been created.

**Exchange ID: 1601580390**

Please retain this code for your records. This code is required for each transaction sent.

This is an automated message. Please do not reply.

## j. Enrolled User Home Screen

The screenshot shows the eCBSV Customer Connection interface. The header includes the logo and the text "eCBSV Customer Connection". A left-hand navigation menu lists: Home, Entity Information, Contacts, Tier Subscription, Documents, and ETE Registration. The main content area is titled "Entity 1" and shows the user's last login as "09/30/2020 11:01 AM".

Two warning messages are displayed:

- "Your tier subscription will expire on 10/31/2020. Please purchase a new tier subscription to avoid service interruption." with a [Renew Tier Subscription](#) link.
- "You have used 99.00% of your eCBSV transactions. Please purchase a new tier subscription to avoid service interruption." with a [Click here if you need an Advanced Renewal](#) link.

The "Enrollment Status" section indicates the user is currently enrolled and provides a table of requirements:

Enrollment Requirements	Expiration Date	Manage Renewal
Permitted Entity Certification	09/07/2022	Available for renewal on 08/08/2022
User Agreement	09/17/2022	Available for renewal on 08/18/2022
Tier Subscription	10/31/2020	<a href="#">Renew Tier Subscription</a> <a href="#">Click here if you need an Advanced Renewal</a>

The "Tier Usage Summary" section features a "Transaction Usage" pie chart and a summary of key metrics:

- Exchange Identifier Code:** test 1
- Current Subscription:** Tier 3
- Tier Duration:** 11/01/2019 - 10/31/2020
- Transactions Used:** 990
- Transactions Remaining:** 10
- Summary as of:** 10/06/2020 at 02:28 PM

The pie chart shows 99.00% of transactions used (blue) and 1.00% remaining (orange). A legend below the chart identifies the colors: Transactions Used 990 (blue) and Transactions Remaining 10 (orange).

## k. Entity Information

Entity Information	
Entity Name:	Entity 1
Exchange ID:	1601580390
EIN:	83-3399584
DBA:	Entity One
DBA 2:	Entity Numero
Headquarters Address:	1234 Test Way PO Box 77 Baltimore, MD 23223
Entity Email:	xyz@designworks.com
NMLS:	776655443388
UEI:	112233445777
DUNS:	454545454
Open ID Connect (OIDC) Issuer URL:	https://nsc-dev-acu-120.ba.ssa.gov:7443/auth/realms/valtest1
Domain Name:	designworks.com
If updates are required to your information, please contact <a href="mailto:ECBSV@ssa.gov">ECBSV@ssa.gov</a> for assistance.	
<a href="#">Return Home</a>	

## I. Tier Subscription Renewal


### i. Tier Subscription Selection

eCBSV Renewal PENDING PAYMENT

1. Tier Subscription Renewal 2. Tier Subscription Renewal Review & Pay

#### Tier Usage Summary

##### Transaction Usage



Exchange Identifier Code: test 1  
Current Subscription: Tier 3  
Tier Duration: 11/01/2019 - 10/31/2020  
Transactions Used: 990  
Transactions Remaining: 10  
Summary as of: 10/06/2020 at 02:28 PM

● Transactions Used 990 ● Transactions Remaining 10

#### Select Renewal Type

All payments must be made via Pay.gov.

- Annual Renewal: Upon successful payment, your tier will start on 10/20/2020. Transactions from your previous tier do not carryover to your annual renewal tier.
- Advanced Renewal: Upon successful payment, your new tier will start immediately after your current tier transactions are depleted or on 10/20/2020. You are required to go up one tier level when choosing an advanced renewal.

## Select Tier

**i** You must subscribe to a higher tier than your current tier subscription. You have used (or plan to use) all of your purchased transactions prior to your tier subscription expiration.

Please review the table below and select your tier. Your tier selection is valid for one year. All payments must be made via Pay.gov.

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
<b>Transactions</b>	Up to 1,000	Up to 10,000	Up to 200,000	Up to 50 million	Up to 2 billion
<b>Tier Cost</b>	\$400	\$3,030	\$14,300	\$276,500	\$860,000
<b>Administrative Fee <a href="#">?</a></b>	\$1,691	\$1,691	\$1,691	\$1,691	\$1,691
<b>Total Cost</b>	\$2,091	\$4,721	\$15,991	\$278,191	\$861,691
			<input type="button" value="Current"/>	<input type="button" value="Select"/>	<input checked="" type="button" value="Selected"/>



ii. Tier Subscription Review & Pay

eCBSV Renewal PENDING-PAYMENT

✓ 1. Tier Subscription Renewal    2. Tier Subscription Renewal Review & Pay

---

Tier Information Edit

Click Pay below to proceed to Pay.gov. Your Tier Subscription will not begin until your current tier expires or is depleted and payment is successfully completed on Pay.gov.

**Tier Name:** Tier 5  
**Transactions:** Up to 2 billion  
**Total Cost:** \$861,691.00


---

Cancel Pay

iii. Pay.gov Redirect

**Pay.gov** ✕

**You are being redirected to Pay.gov**

 To make your payment online, you will need to use Pay.gov. Pay.gov may have different privacy policies than the Social Security Administration.

[Click Here For More Information](#)









While on Pay.gov, you will have 30 minutes to complete your transaction.

**Tier subscription cannot be altered after payment on Pay.gov has been successfully processed.**

[Cancel](#) [Continue to Pay.gov](#)

### m. Documents

#### Documents

Creation Date ↓	Type	Status	Documents
10/8/20 1:43 PM	eCBSV Renewal	Resolved-Completed	<ul style="list-style-type: none"> <li> <a href="#">eCBSV renewal complete</a></li> <li> <a href="#">Payment Receipt</a></li> </ul>
10/8/20 8:02 AM	eCBSV Enrollment	Resolved-Completed	<ul style="list-style-type: none"> <li> Upcoming eCBSV Tier Subscription expiration</li> <li> eCBSV enrollment complete</li> <li> <a href="#">Payment Receipt</a></li> <li> <a href="#">Signed UA</a></li> <li> <a href="#">Signed PEC</a></li> </ul>
10/8/20 7:56 AM	Entity Registration	Resolved-Completed	<ul style="list-style-type: none"> <li> <a href="#">Entity Registration for eCBSV</a></li> </ul>

#### General Notification

Sent Date ↓	Sent To	Subject	Message
No items			

## n. ETE Registration

### i. Registration

#### External Testing Environmental Registration

##### About ETE

SSA will provide an External Testing Environment (ETE) for clients in development to perform interface testing of their software with the eCBSV Service. To use the ETE, you are required to register your test environment. SSA recommends that you set up and configure an independent test environment to connect to SSA's ETE. The test environment should replicate the Production environment, including network connectivity, network security, and SSN Verifications to ensure proper handling of the responses returned to the client software. Upon successful registration, you will be provided the ETE OAuth Client ID that is required for accessing the ETE. Please visit <https://www.ssa.gov/dataexchange/eCBSV> to find additional technical information and instruction for using the ETE.

##### Registration


Please provide the Open ID Connect (OIDC) Issuer URL for your test environment and click Submit.

**\*ETE Open ID Connect (OIDC) Issuer URL (Required)**

**Dynamic Client Registration Authorization Header Credentials (Optional)**

Optional header to be included in the dynamic client registration request made to the Entity OIDC Provider. For instance: Bearer eyJhbGciOiJSUz11NiJ9.eyJ...

## ii. ETE Registration Success

 Thank you for registering with ETE.

Your ETE OAuth Client ID is: a0812bc5-736c-48b5-b662-11a528b5c56a

### About ETE

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### Registration

Please contact [eCBSV@ssa.gov](mailto:eCBSV@ssa.gov) if there you need to update any of this information.

**ETE Open ID Connect (OIDC) Issuer URL:** <https://external.customer.test.URL.com>

**ETE OAuth Client ID:** a0812bc5-736c-48b5-b662-11a528b5c56a