



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



Social Security

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...

[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

 Social Security

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...

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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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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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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 institution 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)

City/Town State ZIP Code

Select a state

▼

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



Type

Draw



Melissa Adams

Clear

Close

Apply

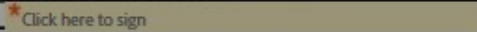
The permitted entity will provide this Certification to SSA, and not submit any SSN Verification request to SSA if the Certification is older than two (2) years old or the permitted entity cannot attest to any one of the four (4) declarations.

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



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

[Click to Sign](#)

Please sign: Permitted Entity Certification

Enter Your Information

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

CancelClick 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

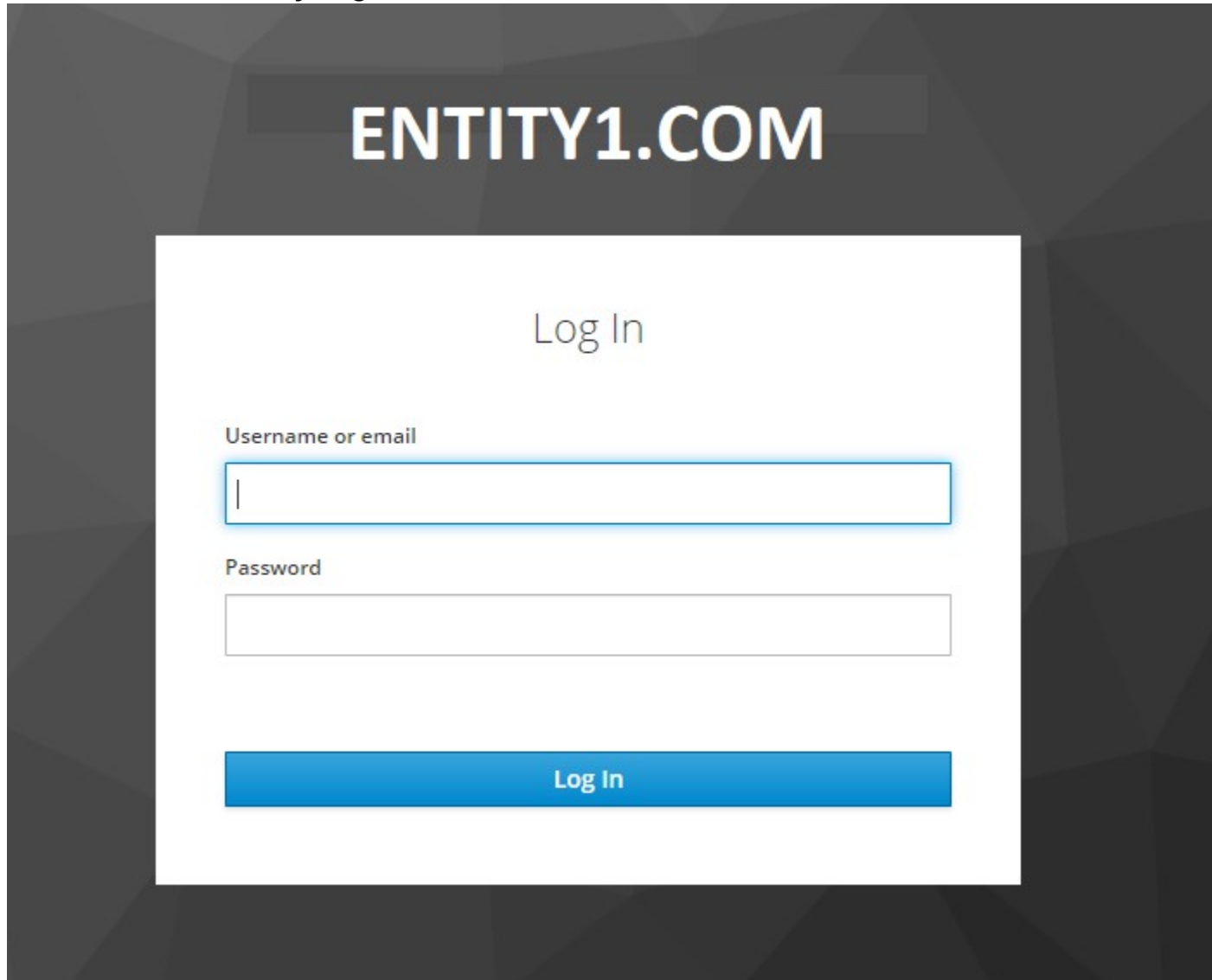
Please provide your Corporate Email ID

Email ID

Sign In

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

b. Redirected to Entity Login Screen

The image shows a login screen for Entity1.COM. The background is dark gray with a geometric pattern. At the top, the text "ENTITY1.COM" is displayed in a large, white, sans-serif font. Below this, centered on a white rectangular background, is the text "Log In" in a smaller, gray font. Underneath "Log In" are two input fields. The first field is labeled "Username or email" in a small, gray font and contains a single vertical line cursor. The second field is labeled "Password" in a small, gray font and is empty. Below these fields is a blue rectangular button with the text "Log In" in white, centered on it.

ENTITY1.COM

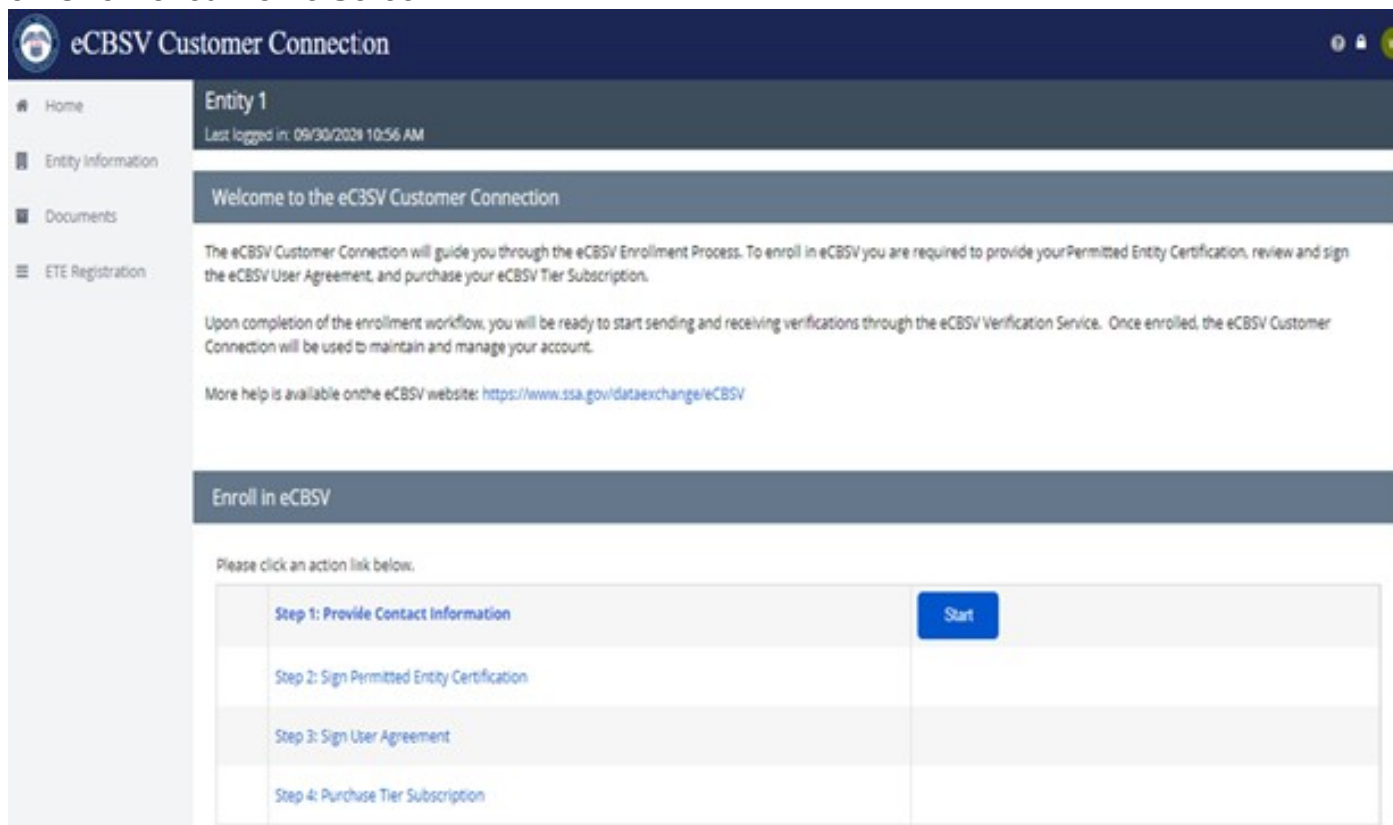
Log In

Username or email

Password

Log In

c. Unenrolled Home Screen



The screenshot displays the 'eCBSV Customer Connection' interface for an unenrolled user. The header features the system logo and name. A left-hand navigation menu includes links for Home, Entity Information, Documents, and ETE Registration. The main content area is titled 'Entity 1' and shows the user's last login time. Below this, a 'Welcome' message explains the enrollment process, which involves providing a Permitted Entity Certification, signing a User Agreement, and purchasing a Tier Subscription. A section titled 'Enroll in eCBSV' contains a table with four steps: 'Step 1: Provide Contact Information' (with a 'Start' button), 'Step 2: Sign Permitted Entity Certification', 'Step 3: Sign User Agreement', and 'Step 4: Purchase Tier Subscription'.

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

Enter 10 digit teleph

Fax

Email *

youremail@example.com

Mailing Address:

Line 1

Street and number, P.O.Box,etc

Line 2

Suite, Building, Floor, etc.

City/Town

State

ZIP Code

Select a state

Cancel

Save

Add New Contact

Assign Roles

☒ Primary Contact

☐ Permitted Entity Certification Authorizing Official

☒ User Agreement Authorizing Official

Name

First *

Jennifer

Last *

Smith

Job Title *

President

Telephone *

(888) 777-6666

Extension

Fax

Email *

jsmith@entity1.com

Mailing Address:

Line 1

123 My Street

Line 2

PO Box 344

City/Town

Baltimore

State

Maryland

ZIP Code

27664

Cancel

Save

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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	• Primary Contact • User Agreement Authorizing Official	<button>Edit</button>
Bob Brown Attorney	bbrown@entity1.com	(888) 777-5555	• Permitted Entity Certification Authorizing Official	<button>Edit</button>
Jim Jones Vice President	jjones@entity1.com	(999) 888-2222	• Alternate Contact	<button>Edit</button>

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 *

IT_Support@entity1.com

Entity Technical Mailbox 2

Entity1Tech@entity1.com

Entity Technical Mailbox 3

Customer.Support@entity1.com

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

Start

**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: [Click here to sign](#) Date: 09/30/2020

Next

↑ ↓ 1 / 1 | ⌂ ⊕

×

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

Sign

Bob Brown

Clear

Close

Apply

Next

↑ ↓ 1 / 1 | ⊖ ⊕

POWERED BY Adobe

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 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.

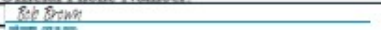
The permitted entity will provide this Certification to SSA, and not submit any SSN Verification request to SSA if the Certification is older than two (2) years old or the permitted entity cannot attest to any one of the four (4) declarations.

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: Bob Brown

Company Official Title: Treasurer

Company Official Phone Number: (877) 800-0000

Signature:  × Date: 09/30/2020

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

Options

Please sign: Permitted Entity

Required fields completed

Enter Your Information

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

bbrown@entityl.com

CancelClick to sign

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

Click to Sign

POWERED BY Adobe

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.

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

Page 40 of 69

	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.

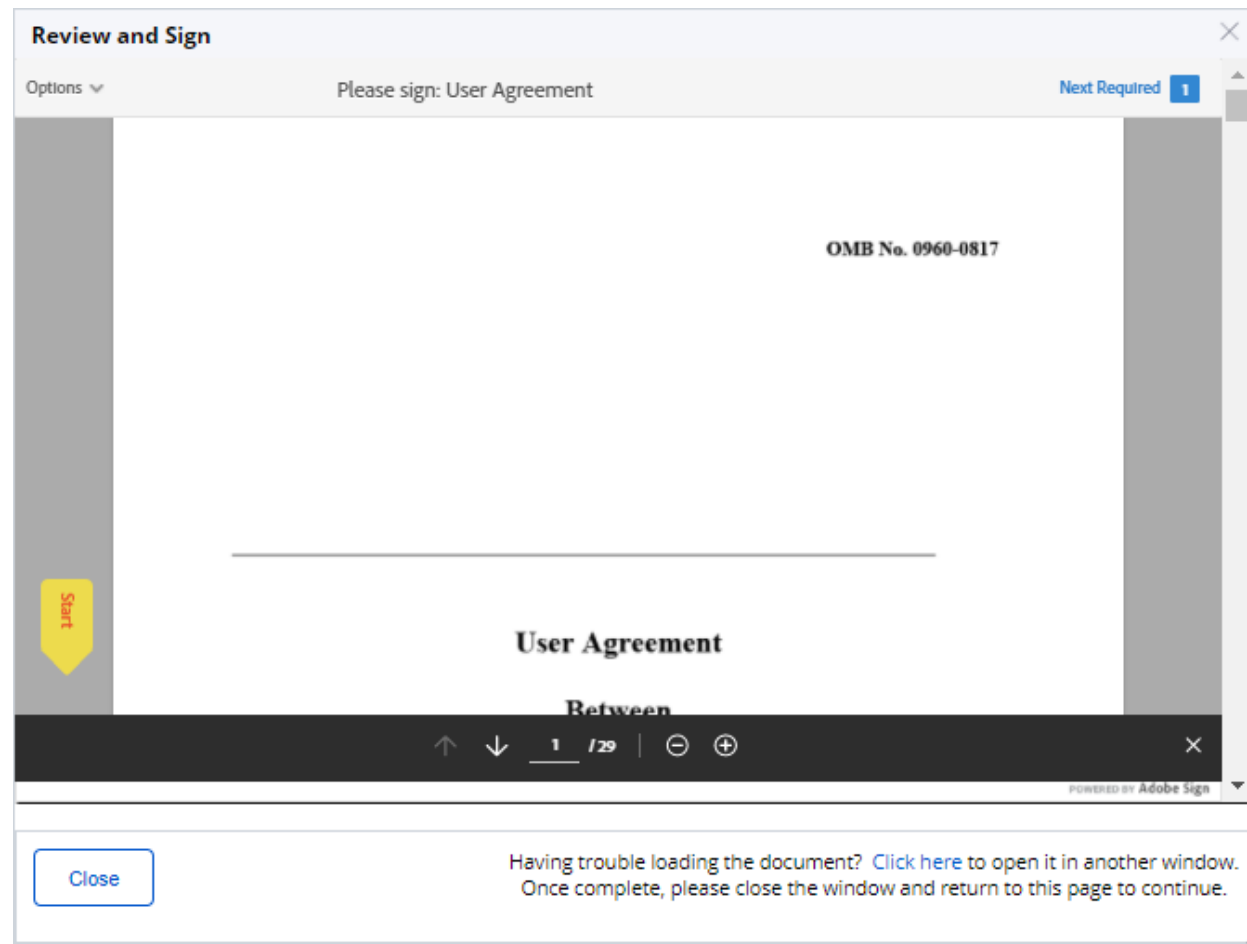
By clicking [Sign Agreement](#), you will be redirected to Adobe Sign, which is a nongovernment website that may have different [privacy policies](#) from those of the Social Security Administration's official website.

[Sign Agreement](#)

[Cancel](#)

[Continue](#)

iii. Sign Agreement



Review and Sign

Options

Please sign: User Agreement

Next Required 1

Next

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.

Click to Sign

Permitted Entity
* Click here to sign

Company Official Signature
Jennifer Smith

23

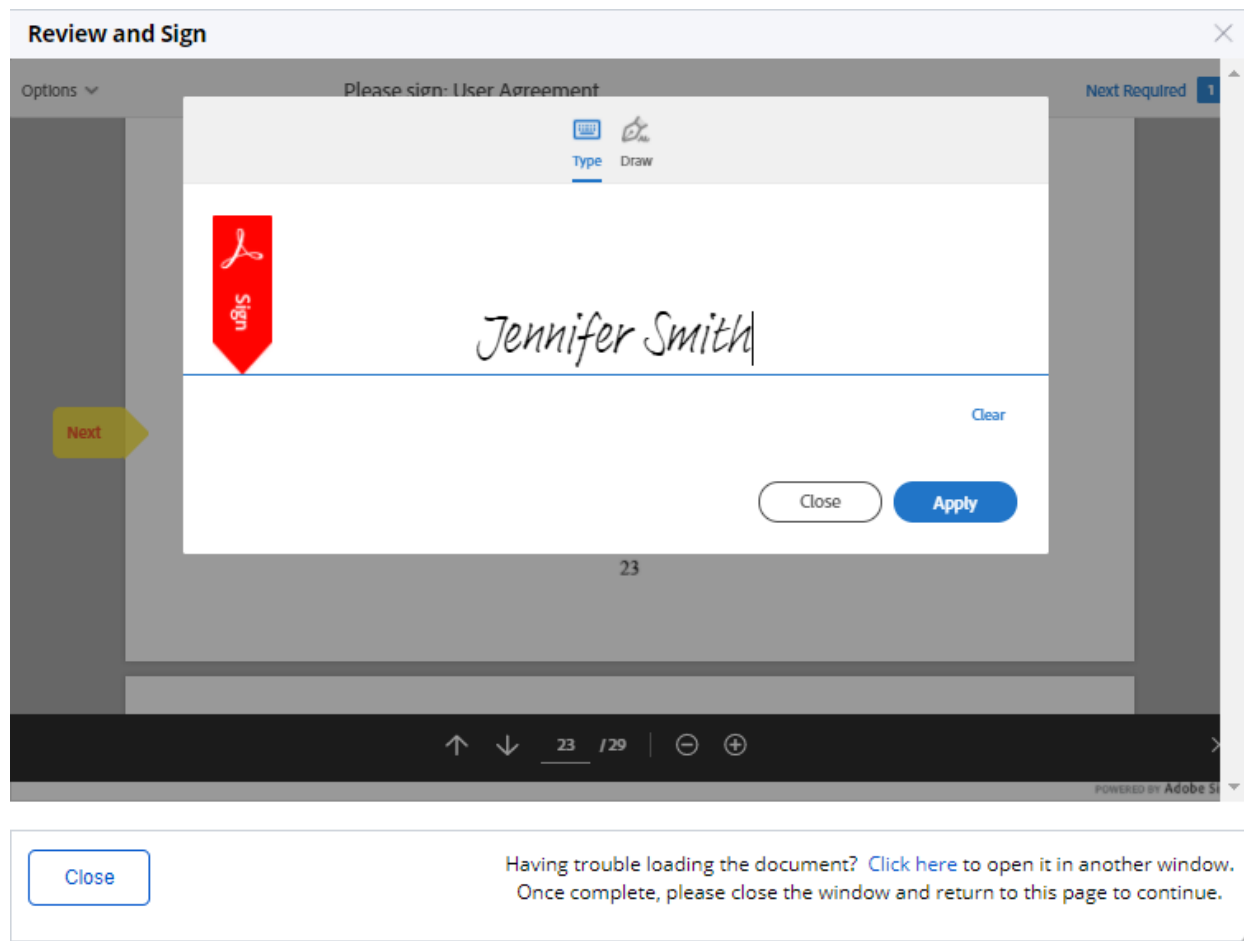
23 / 29

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.

Page 43 of 69



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

Jennifer Smith (May 30, 2020)

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.

Page 45 of 69

Review and Sign

Options

Please sign: User Agreement

Required fields completed

Enter Your Information

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

jsmith@entity1.com

CancelClick to sign

Permitted Entity

Jennifer Smith

(Jennifer Smith - Corp 10, 2020)

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

Cancel

Continue

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

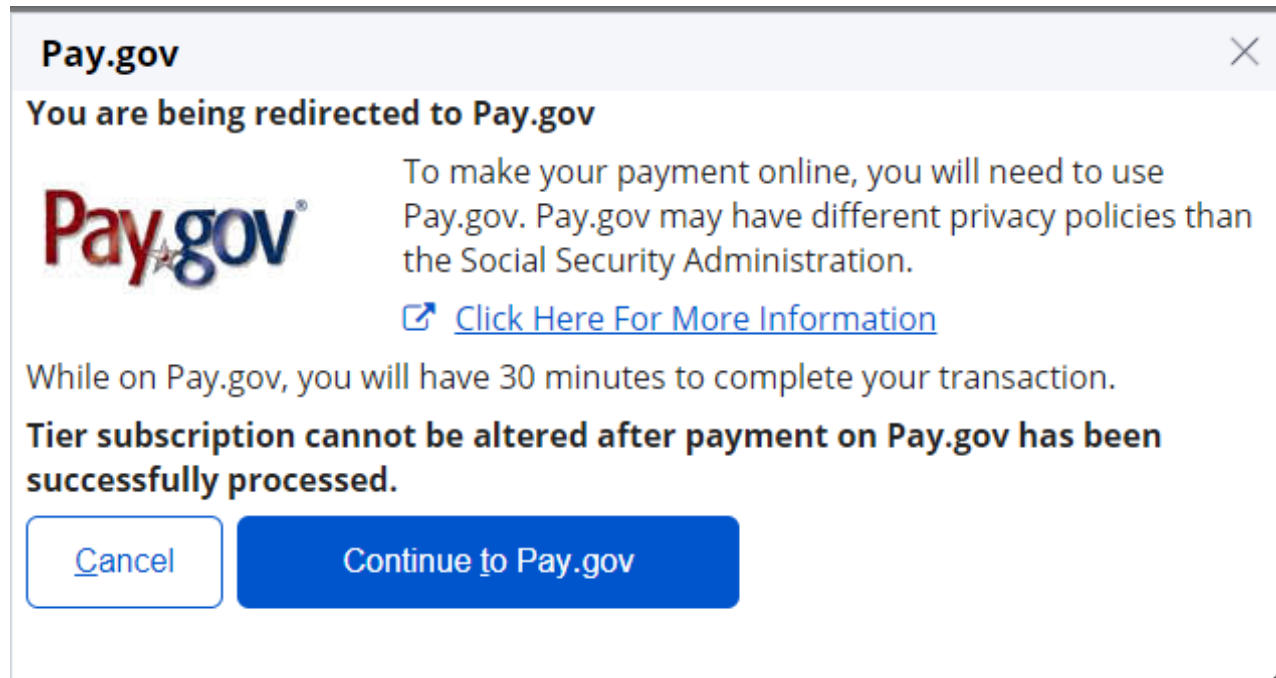
Transactions: Up to 10,000

Total Cost: \$6,723

Cancel

Pay

iii. Pay.Gov Redirect



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: 1586449095

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

9/30/2020eCBSV Enrollment

✔ Thank you Entity !! 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.

Live UI

https://bpmportal.ba.ssa.gov/irweb/PRAuth/udBy-g2Zh_209T6qL_-47_XU1zzdMoy*1TABTHREAD3?pyActivity=PrintWork&Prompt=false&PrintHiemess... 1/1

Print1 page

Destination

Save as PDF

Pages

All

Layout

Portrait

More settings

Save

Cancel

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, does allow any credits are applied.

Pay.gov Payment

Date

07/23/2020

Amount

\$15,991.00

Invoice#

159626406

Pay.gov Confirmation

30F918A8

Time Subscription Dates

Start Date

07/23/2020

End Date

07/23/2021

Time Information

Time Name

Time 3

Number of Transactions

Up to 200,000

Entity Information

Entity Name

Sample Bank, A

DOB

Sample DOB 1

EDN

99-8967383

Headquarters Address

115 Mueller Lane

Towson, MD 21204

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

Page 59 of 69

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

eCBSV Customer Connection

Home
Entity Information
Contacts
Tier Subscription
Documents
ETE Registration

Entity 1
Last logged in: 09/30/2020 11:01 AM

Your tier subscription will expire on 10/31/2020. Please purchase a new tier subscription to avoid service interruption.

[Renew Tier Subscription](#)

You have used 99.00% of your eCBSV transactions. Please purchase a new tier subscription to avoid service interruption.

[Click here if you need an Advanced Renewal](#)

Enrollment Status

You are currently enrolled.

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	Renew Tier Subscription Click here if you need an Advanced Renewal

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 Remainine: 10

Summary as of: 10/06/2020 at 02:28 PM

Transactions Used 990 Transactions Remaining 10

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 ECBSV@ssa.gov for assistance.	
Return Home	

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



99.00% ~ 1.00%

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

 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
Transactions	Up to 1,000	Up to 10,000	Up to 200,000	Up to 50 million	Up to 2 billion
Tier Cost	\$400	\$3,030	\$14,300	\$276,500	\$860,000
Administrative Fee 	\$1,691	\$1,691	\$1,691	\$1,691	\$1,691
Total Cost	\$2,091	\$4,721	\$15,991	\$278,191	\$861,691
			Current	Select	Selected

[Cancel](#)

[Continue](#)

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

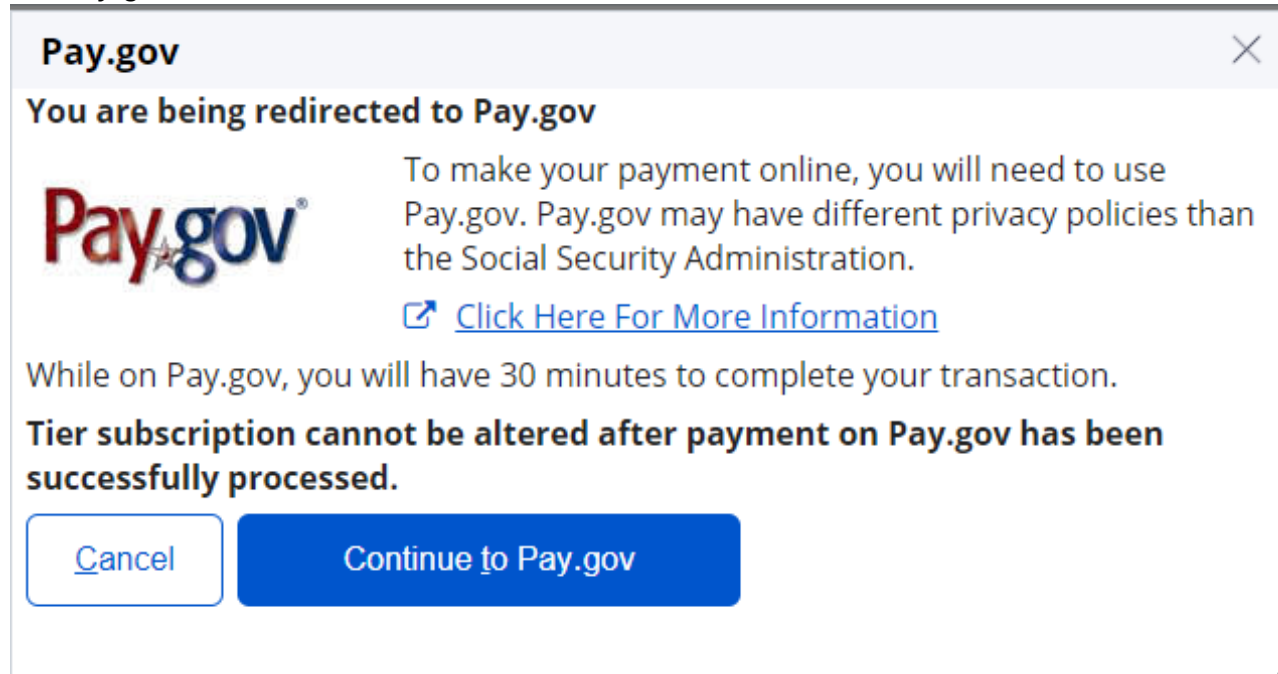
Transactions: Up to 2 billion

Total Cost: \$861,691.00

Cancel

Pay

iii. Pay.gov Redirect



m. Documents

Documents

Creation Date ↓	Type	Status	Documents
10/8/20 1:43 PM	eCBSV Renewal	Resolved-Completed	 eCBSV renewal complete  Payment Receipt
10/8/20 8:02 AM	eCBSV Enrollment	Resolved-Completed	 Upcoming eCBSV Tier Subscription expiration  eCBSV enrollment complete  Payment Receipt  Signed UA  Signed PEC
10/8/20 7:56 AM	Entity Registration	Resolved-Completed	 Entity Registration for eCBSV

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 eyJhbGciOiJSUzI1NiJ9.eyJ...

ii. ETE Registration Success



Thank you for registering with ETE.

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

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 <http://www.ssa.gov/dataexchange/eCBSV/> to find additional technical information and instruction for using the ETE.

Registration

Please contact 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