


Adobe Sign instructions for external customers

In this document we will provide directions for signing a financial agreement with SSA. Adobe Sign is the service used by SSA for this process. As such, the email that contains the SSA financial agreement (SSA-1235) will be sent to external customers from Social Security Administration <adobesign@adobesign.com>.

Below is an example of the email sent to external customers

From: Social Security Administration <adobesign@adobesign.com>

Subject: Approval requested for Financial Agreement with SSA.


 **Social Security**

[Review and Sign](#)

After you sign **eSignedSSA1235-RAMBRE260010-11142025-FA-483002**, all parties will receive a final PDF Copy.

1. To review and approve this financial agreement, select the "Review and Sign" button above.
2. Additional instructions for approving this financial agreement can be found on the [Reimbursable Agreement Signature Instructions](#).
3. For additional assistance, send an email to data.exchange.customer.connection.help@ssa.gov.

Do Not Forward this email: If you are not the appropriate person to sign this agreement, please select "Click here," click "Continue" on the acknowledgment screen, and then choose "Options" in the top left corner, and select "Delegate". From there, you can assign the agreement to another individual for signature by adding their email address.

 POWERED BY
Adobe Sign

By proceeding, you agree that this agreement may be signed using electronic or handwritten signatures.

To ensure that you continue receiving our emails, please add adobesign@adobesign.com to your address book or safe list.

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When Adobe Sign opens click Start.

eSignedSSA1235-FA-409002-06262025

dc, DC 20224 (703) 655-9161		FUNDS ARE AVAILABLE - DRAC	
ACCOUNTING DATA (for Federal Government Agencies)		EMPLOYER IDENTIFICATION NUMBER (EIN)	
Appropriation/TAS:		24-2424542	
ALC:			
BETC:			
DUNS/BPN:			
UEI:			
		BEGINNING AND ENDING DATES	
		10/01/2024 through 09/30/2025	
TYPE OF SERVICE REQUESTED			
PROJECT TITLE OR KIND OF SERVICE			
test			
DESCRIPTION OF SERVICES			
test			
REFERENCES TO CORRESPONDENCE ON THIS MATTER (copies attached)			
Refer to accompanying legal agreement.			
SSA PROJECT COORDINATOR			
NAME		OFFICE	
Melissa Bowers		OCIO / OEIS	
SSA CONTACT FOR INFORMATION PERTAINING TO THIS AGREEMENT			
NAME		OFFICE	
Melissa Bowers		OCIO / OEIS	
ESTIMATED COST AND FINANCING OF SERVICES			
ESTIMATED COST OF SERVICES		FINANCING (Check one):	
\$14.00		ADVANCE PAYMENT (In Full) X	
		(Quarterly)	
		IPAC	
SSA AUTHORIZATION			
PRINTED NAME			
Melissa Bowers Changed			
TITLE			
Supervisor			
SIGNATURE		DATE	
[Signature]			
ACCEPTANCE - FOR USE OF REQUESTING ORGANIZATION			
Please provide the services requested above. We agree to pay you the full cost of such services in the amount estimated above prior to any work being performed; and we also agree to all of the terms and conditions stated in the accompanying Memorandum of Agreement.			
NAME OF ORGANIZATION'S PROJECT COORDINATOR		TITLE	
Happy Testing Changed		SA Updated	
NAME & SIGNATURE OF AUTHORIZING OFFICIAL		DATE	
Happy Testing			
Click here to sign			

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In the yellow box, click where it says 'Click here to sign'

(Note: If the name or title of the signer is incorrect, you can click in the relevant box to update that information.)

dc, DC 20224
(703) 655-9161

ACCOUNTING DATA (for Federal Government Agencies)

Appropriation/TAS:

ALC:

BETC:

DUNS/BPN:

UEI:

PROJECT TITLE OR KIND OF SERVICE

test

DESCRIPTION OF SERVICES

test

REFERENCES TO CORRESPONDENCE ON THIS MATTER (copies attached)

Refer to accompanying legal agreement.

SSA PROJECT COORDINATOR

NAME

Melissa Bowers

OFFICE

OCIO / OEIS

SSA CONTACT FOR INFORMATION PERTAINING TO THIS AGREEMENT

NAME

Melissa Bowers

OFFICE

OCIO / OEIS

ESTIMATED COST AND FINANCING OF SERVICES

ESTIMATED COST OF SERVICES

\$14.00

FINANCING (Check one):

ADVANCE PAYMENT (In Full) X

(Quarterly)

IPAC

SSA AUTHORIZATION

PRINTED NAME

Melissa Bowers Changed

TITLE

Supervisor

SIGNATURE

[Signature]

DATE

ACCEPTANCE - FOR USE OF REQUESTING ORGANIZATION

Please provide the services requested above. We agree to pay you the full cost of such services in the amount estimated above prior to any work being performed; and we also agree to all of the terms and conditions stated in the accompanying Memorandum of Agreement.

NAME OF ORGANIZATION'S PROJECT COORDINATOR

Happy Testing Changed

TITLE

SA Updated

NAME & SIGNATURE OF AUTHORIZING OFFICIAL

Happy Testing

Click here to sign

DATE

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The signing modal will open. You can type your signature, use the draw, or mobile options. Click 'Apply' to continue.

dc, DC 20224 (703) 655-9161		FUNDS ARE AVAILABLE - DRAC	
ACCOUNTING DATA (for Federal Government Agencies)		EMPLOYER IDENTIFICATION NUMBER (EIN)	
Appropriation/TAS:		24-2424542	
ALC:			
BETC:			
DUNS/BPN:			
UEI:			
		BEGINNING AND ENDING DATES	
		10/01/2024 through 09/30/2025	
TYPE OF SERVICE REQUESTED			
PROJECT TITLE OR KIND OF SERVICE			
test			
DESCRIPTION OF SERVICES			
test			
REFERENCES TO CORRESPONDENCE ON THIS MATTER (copies attached)			
Refer to accompanying legal agreement.			
SSA PROJECT COORDINATOR			
NAME		OFFICE	
Melissa Bowers		OCIO / OEIS	
SSA CONTACT FOR INFORMATION PERTAINING TO THIS AGREEMENT			
NAME		OFFICE	
Melissa Bowers		OCIO / OEIS	
ESTIMATED COST AND FINANCING OF SERVICES			
ESTIMATED COST OF SERVICES \$14.00		FINANCING (Check one):	ADVANCE PAYMENT (In Full) X
			(Quarterly)
		IPAC	
SSA AUTHORIZATION			
PRINTED NAME Melissa Bowers Changed			
TITLE Supervisor			
SIGNATURE 		DATE	
ACCEPTANCE - FOR USE OF REQUESTING ORGANIZATION			
Please provide the services requested above. We agree to pay you the full cost of such services in the amount estimated above prior to any work being performed; and we also agree to all of the terms and conditions stated in the accompanying Memorandum of Agreement.			
NAME OF ORGANIZATION'S PROJECT COORDINATOR		TITLE	
Happy Testing Changed		SA Updated	
NAME & SIGNATURE OF AUTHORIZING OFFICIAL		TITLE	
Happy Testing 		SA	
		DATE	

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By approving, I agree to this document, the [Consumer Disclosure](#) and to utilize electronic signatures.

Click to Approve

(Note: the Date field does not need to be filled in since the Electronic Signature includes the date.)

Next 'Click to Approve'



You've signed successfully.

You finished approving "eSignedSSA1235-FA-409002-06262025".

Save a copy for your reference

Access the latest version of your signed document from anywhere by saving it to your Acrobat account. To continue, you'll need to create a free account or sign in.



Screen will refresh after the signature is approved and a “You’ve signed successfully” screen will appear. From this screen, you can download a copy for your records.

External users should also receive an emailed with a copy of the successfully signed agreement from Customer Connection via Adobe Acrobat Sign <adobesign@adobesign.com>.

Note: Until March 7, 2026, please send a copy of the successfully signed agreement to the Program Coordinator/ SSA Contact.

Delegate agreement approval to another individual for signature.

Should the external customer require the delegation of signing authority to another individual within their organization, they must click on 'Options' located in the upper left corner and then select 'Delegate approval to another.' Subsequently, a delegate modal will appear, allowing them to input the email address and a message to be sent to the designated signer.

Adobe Acrobat Sign

Options ▾

Read agreement

Delegate approval to another

Clear document data

View history

Download PDF

Legal Notices

eSignedSSA1235-RASOLV260005-11142025-FA-483004

SSA EID:		526004813	SSA UEL:		
REQUESTING ORGANIZATION					
PROGRAM CONTACT NAME/ADDRESS/PHONE# GAME AND FISH samantha dixon 222 spanish moss lane baltimore, MD 21222			FINANCIAL CONTACT NAME/ADDRESS/PHONE# samantha dixon 222 spanish moss lane baltimore, MD 21222		
ACCOUNTING DATA (for Federal Government Agencies)			EMPLOYER IDENTIFICATION NUMBER (EIN) 333333333		
Appropriation/TAS:			BEGINNING AND ENDING DATES		
ALC:			10/01/2025 through 09/30/2026		
BETC:					
DUNS/BPN:					
UEL:					
TYPE OF SERVICE REQUESTED					
PROJECT TITLE OR KIND OF SERVICE test					
DESCRIPTION OF SERVICES test					
REFERENCES TO CORRESPONDENCE ON THIS MATTER (copies attached) Refer to accompanying legal agreement					
SSA PROJECT COORDINATOR					
NAME Leslie Campbell			OFFICE DCRDP / ODEPPIN		
SSA CONTACT FOR INFORMATION PERTAINING TO THIS AGREEMENT					
NAME Leslie Campbell			OFFICE DCRDP / ODEPPIN		
ESTIMATED COST AND FINANCING OF SERVICES					
ESTIMATED COST OF SERVICES \$5,000.00			FINANCING (Check one):		
			ADVANCE PAYMENT (In Full) X		
			(Quarterly)		
			IPAC		
SSA AUTHORIZATION					
PRINTED NAME Leslie Campbell					
TITLE Project Coordinator					
SIGNATURE <u>leslie campbell</u>					DATE 11/14/2025
ACCEPTANCE - FOR USE OF REQUESTING ORGANIZATION					
Please provide the services requested above. We agree to pay you the full cost of such services in the amount estimated above prior to any work being performed; and we also agree to all of the terms and conditions stated in the accompanying Memorandum of Agreement.					
NAME OF ORGANIZATION'S PROJECT COORDINATOR samantha dixon			TITLE Test Contact		
NAME & SIGNATURE OF AUTHORIZING OFFICIAL samantha dixon			TITLE Test Contact		
			DATE		

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