

EIN Consent

Company Name

EIN

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 corporate officer of a C corporation, shareholder of an S corporation, or a member or partner of a partnership with the authority to execute this consent with respect to the disclosure of the EIN identified above. I recognize that this consent is valid for two (2) years from the date of the signature unless revoked.

Authorizing Official Name

Signature

Job Title

Date