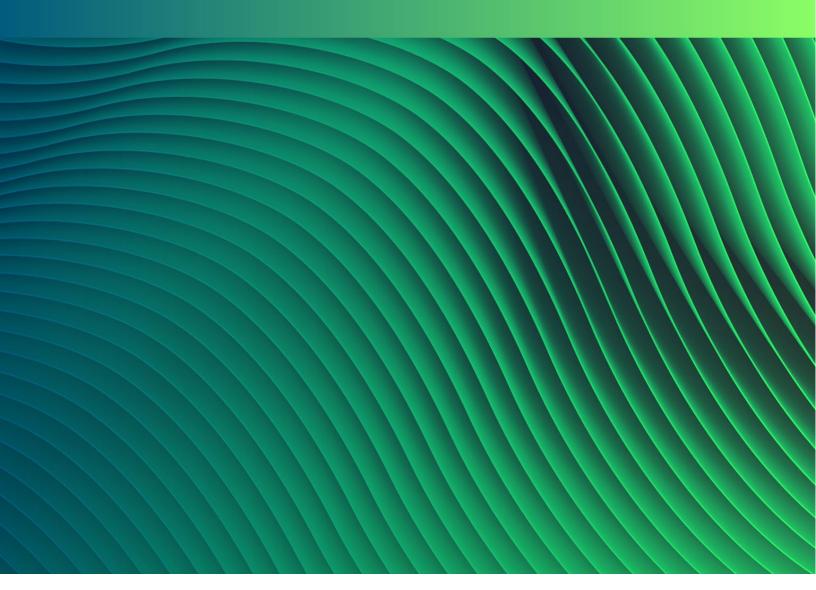


# *ebt*EDGE<sup>SM</sup> Provider Portal User Guide

Release Date: February 20, 2022



# **Revision History**

Release Date	Sections Edited	Description
February 20, 2022	Section 1	Replaced <i>ebt</i> EDGE Home page with new home page graphics.
January 17, 2021		Initial release of the manual.

# Fis

# **Table of Contents**

1	Accessing the Provider Portal	5			
Lo	gging In	5			
Fir	st Time Registration	6			
	Online Registration	6			
	Provider Registration	7			
	Provider Registration (Step 2 of 5)	9			
	Provider Agreement (Step 3 of 5)	9			
	Provider Agreement (Step 4 of 5) 1	0			
	Field Descriptions 1	0			
	Provider Agreement (Step 5 of 5) 1	3			
Fo	rgot My Password1	4			
2	Application Tabs 1	8			
Но	me Tab1	8			
	Update My Profile1	9			
Se	rvices Tab 2	20			
Do	cumentation Tab 2	21			
	To filter your document selection 2	21			
	To view the document	21			
He	Ip Topics Tab	22			
Ne	ws Tab	22			
3	Provider Services	23			
Vie	View and Update Provider Information23				
Re	Review Provider Contract				
Vie	/iew Provider Deposits				
	To save a search result	26			
	Print page2	28			

Copyright © 2020, 2022 FIS<sup>™</sup> and/or its subsidiaries. All Rights Reserved. *ebt*EDGE is a registered trademark of FIS. FIS confidential and proprietary information.

# *ebt*EDGE<sup>™</sup> Provider Portal User Guide

To view the deposit details	29
View Provider Transactions	31
To export a search result	31
Supply Requests	32
Order Supplies	33
Shipping Information Section	34
Order Detail Section	34
To delete products from the ordered list	35
To delete products from the ordered list	35



# 1 Accessing the Provider Portal

This section includes instructions for Child Care program providers to log in to the Provider Portal and register online.

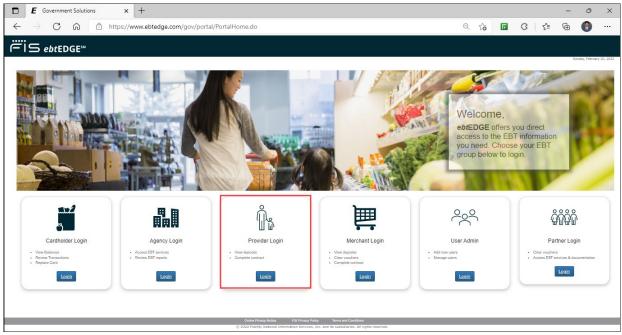
# Logging In

The following procedure is intended for registered users for logging in to the application.

*Note:* New users must complete the <u>First Time Registration</u> procedure before they can log in to the application.

To log in to the Provider portal:

1. Go to the ebtEDGE home page (www.ebtEDGE.com).



### ebtEDGE Home Page

2. Click **Provider Login** in the left navigation bar. The *Child Care Provider Log In* page displays.

FIS	ebt <u>EDGE</u> ™		
	Child Care Provider Log In		Monday. September 28, 20XX
	Agreements 💌	POS Download 💌	Manuals 🔽
	Enter your user ID and password in the boxes below and cli	ck Login.	
Cardholder Login Agency Login Merchant Login Provider Login Partner Login User Admin Login	User ID: Password Login	First time logging in? Do you need a User ID and password? Complete your contract or register online now	
About EBT USDA - FNS	Did you forget your password?		
NACHA	Your Password will expire after 45 days. Your User ID will expire after 90 days of inactivity.		

**Provider Log In Page** 

- 3. You can view relevant documents by selecting from these options in the green banner at the top of the page:
  - Agreements
  - POS Download
  - Manuals
- 4. Enter your **User ID** and **Password** in the respective fields.
- 5. Click the **Login** button.

# **First Time Registration**

You can register as a Child Care provider online or by using a paper form.

*Note*: Before you can register, you must follow your state's guidance to obtain an *FIS Provider ID*, either from the State or from *FIS* directly.

### **Online Registration**

The *Provider Registration* screen is used for online registration. Click the **Complete your contract or register online now** link on the Log In page.

The Provider Registration screen displays.

	ebt <u>EDGE</u> ™	
612		Wednesday, September 30, 20XX
1000		······································
	Provider Registration	*=Required
		s information and click Continue to begin the online
	registration process. Provider Identification	
	*FIS Provider ID:	
	*Provider Phone # :	
	*State or Program:	Select Program
	*Last 4 digits of Provider's Bank Account #	Help? Only used in adding an additional User ID and will gray out after choosing a "Program" in the above drop-down box.
	User Access	
	*User ID:	(User ID must be an email address; sample: John_Doe@provider.com)
	*Re-enter User ID:	sampe. Jum_Doegpronder. Jum
	*Password:	(Passwords must be at least 8 characters but no more than 14 characters long and must contain at least 1 number, at least 1 lower case and at least 1 upper case letter)
	*Confirm Password:	
	*Challenge Question 1:	Choose One
	*Challenge Response 1:	
	*Challenge Question 2:	Choose One 🗸
	*Challenge Response 2:	
	*Challenge Question 3:	Choose One
	*Challenge Response 3:	
		24Vs5Lpo 🥏
	* Enter the text shown above :	
		Continue Cancel
	Note: If you have questions or experience	e problems with the registration process, call 1-800-894-0050.
		ivacy Policy Terms and Conditions ervices, Inc. and its subsidiaries. All rights reserved.

**Provider Registration Page** 

### **Provider Registration**

The Provider Registration page displays fields in two sections:

- Provider Identification
- User Access

**Note**: You must enter valid information for all fields in the Provider Identification and User Access sections, and then click the **Continue** button to begin the online registration process, or error messages will display.

### **Provider Identification Section**

1. Enter the FIS provider identification number in the **FIS Provider ID** field.

**Note:** Follow your State's guidance to obtain your **FIS Provider ID**, either from the State or from FIS directly.

- 2. Enter your contact phone number in the **Provider Phone #** field.
- 3. Select the appropriate item from the State or Program drop-down list.
- 4. Enter the last four digits of your bank account number in the Last 4 digits of Provider's Bank Account # field.

*Note:* This field is disabled if you selected "New Provider" from the State or Program drop-down.

You can hover over the **Help?** link to view how to locate your bank account number.

### **User Access Section**

1. Enter a valid email address in the User ID field.

**Note:** The email address must be unique in the Provider Portal. You cannot register using an email that has been registered previously.

- 2. Enter the email address that you entered in the User ID field again in the **Re-enter User ID** field.
- 3. Enter your password in the **Password** field.
- 4. Enter the password that you entered in the Password field again in the **Confirm Password** field.
- 5. Select three *different* questions from the **Challenge Question** drop-down lists. There are many Challenge Questions currently in the list; examples are:
  - What is your city of birth?
  - What is your favorite beverage?
  - What is your favorite food?
- 6. Enter your answers to the selected questions in the **Challenge Response** fields.
- 7. Enter the CAPTCHA text in the text box.
- 8. Click the **Continue** button to begin the online registration process. The Provider Registration (Step 2 of 5) screen displays.

or

Click the **Cancel** button if you want to clear the entered fields and enter them again.

### **Provider Registration (Step 2 of 5)**

1. Click the **View Agreement** button. The system displays the State's Agreement form.

	ebt <u>EDGE</u> ™
	Provider Registration (Step 2 of 5)           Location ID :         F25484           Provider Name:         NORDIC WONDERLAND           Provider Phone # :         TTT-TTT-TTTT
Registration Process Step 1.Provider Registration	Provider Agreement Instructions  1. Click to download the Provider Agreement Form
Ship 2:Provider Agreement Ship 3:"Yes,1 accept" Ship 4:Provide Provider Information Ship 5:Print/Sign Agreement Plage	View Agreement 2. Open and review the Agreement carefully. "HOTE: You do not need to print and righ this agreement if you continue registering online." 3. Click Continue to go to Step 3 of the registration process. If you have any questions regarding this selve process or your contract status, call FIS at 1.800.894.0050. If you have problems opening or reading the agreement, download FREE
	Control Contro

Step 2 of 5 – Provider Registration

2. Click the Continue button. The Provider Agreement (Step 3 of 5) screen displays.

### **Provider Agreement (Step 3 of 5)**

Follow the instructions given on the screen.

1. Select the check box to acknowledge that you have read and agreed to the agreement.

	ebt <u>EDGE</u> ™
Registration Process Ship 1 Provider Registration Ship 2 Provider Agreement Ship 5 Printfligh Ship 5 Printfligh Ship 5 Printfligh Page	Provider Agreement (Step 3 of 5)         To continue to Step 4 of the registration process, you must indicate that you have read and reviewed the information in the Provider Agreement form.         • Click in the check box that you have read the agreement.         • Click "Yes, I accept these terms" if you have reviewed the Provider Agreement and wish to continue with the registration process.         • Click Types, I accept these terms if you have reviewed the Provider Agreement farther or do not want to proceed with the registration process.         Yes, I accept these terms       No, I do not accept these terms         No, I do not accept these terms       Back
	Onine Privacy Notice FIS Phivacy Policy Terms and Conditions (220000 Fidelicy National Information Services, Inc. and its subsidiarise. All rights reserved.

Step 3 of 5 – Provider Registration

2. Click the **Yes. I accept these terms** button. The Provider Agreement (Step 4 of 5) screen displays.

### **Provider Agreement (Step 4 of 5)**

1. Enter the requested information and select the appropriate options given in the screen.

1		ebt <u>EDGE</u> ™			
				Nonday, Decar	mber 7, 2000
	Provider Inform	ation (Step 4 of 5)			
	Location ID : F254894		Provider Name: NORDIC WONDERLAND	Provider Phone # : 777-777-7777	
	Provider Information				*=Requ
2		contact information and click Continue to go to S	tep 5 of the Registration process.		
	Address 1:	123 CHILD CARE CIR	* Three (3) options available are listed below. If you	anticipate a lower volume of payments, select the 'No POS Terminal new	ided" option.
on Process svider	Address 2:		"Use of Point of Sale	<ul> <li>Payment using the Web (Internet) No Fee Payment using the Phone (IVR) No Fee</li> </ul>	
egistration			(POS) Terminal:	Monthly POS Terminal Fee \$14.50 per month	
ovider greement	City:	NORTHWOODS		O No POS Terminal needed	
es,I accept"	State:	w	*Connectivity Type of POS Terminals:	O Dial up only	
wide	Postal Code:	45454		<ul> <li>Broadband Internet with Dial backup</li> </ul>	
rovider formation	Postal Code.	43434	PIN Pad Requirements:	<ul> <li>External required (internal PIN Pad not included unless noted here)</li> </ul>	
nt/Sign preement spe	Provider Contact				
	• First Name:		CC Provider	1234	
	• Last Name:		Anyplace, 20000	<	
	Operations Co	ntact	PAY TO THE OF		
	Phone # (if different):	· · · · · · · · · · · · · · · · · · ·		nber check number	
	Email				
	Emergency Phone #:	· · · · · · · · · · · · · · · · · · ·	1 (5025002) (2020203 86) · 7	234	
	<ul> <li>IRS Legal Filing Name</li> </ul>	K What is this?	"Bank Routing Number	*Bank Account Number	
	<ul> <li>Federal Tax ID or SSN (No dashes required)</li> </ul>	C Federal Tax ID O SSN	Re-Enter Bank Routing Number	*Re-Enter Bank Account Number	
	*Type Of Business:	Select V	Account Type:	Select V	
	provide FIS with a signed of Foreign Status of Bene States Tax Withholding	By", you must complete and I form W-BEEN Certificate eficial Owner for United en.ins.cov/av/b/ts.pdf/M/Bben.pdf	<ul> <li>Transaction Processing Cutoff Time: The 24 hour period from one Cutoff Time to the next is your pro- if your Cutoff Time is before the ACH deposit deadlere of 50.00 your processing day funds will be deposited in your bank account if is a safe Cold pum, your Annue will be deposited in your bank account of the safe Cold pum, your Annue will be deposited in the basis.</li> </ul>	nt the next business day.	
					Sect. To
				Continue	e Cancel
			FIS Privacy Policy Terms and Conditions	- Contenter	Cance

Step 4 of 5 – Provider Information

### **Field Descriptions**

### Address 1

**Display Only** 

The first line of the Provider's street address.

### Address 2

**Display Only** 

The second line of the Provider's street address.

### City

Display Only The Provider's city.

### State

Display Only The Provider's State.

### **Postal Code**

Display Only The zip code of the Provider's address.

### Use of Point of Sale (POS) Terminal

Select the appropriate option:

- Payment using the Web (Internet) / Payment using the Phone (IVR)
- Monthly POS Terminal Fee

### **Connectivity Type of POS Terminals**

Select the appropriate option:

- No POS Terminal needed
- Dial up only
- Broadband Internet with Dial backup

### **PIN Pad Requirements**

Select this option if you require an external PIN pad:

• External required

### **First Name**

Enter the first name of the contact person for the Provider.

### Last Name

Enter the last name of the contact person for the Provider.

### Phone # (if different)

Enter the phone number of the Provider's contact person if it is different from the primary phone number shown at the top of the page.

#### Email

Enter the Provider's email address.

Copyright © 2020, 2022 FIS<sup>™</sup> and/or its subsidiaries. All Rights Reserved. *ebt*EDGE is a registered trademark of FIS. FIS confidential and proprietary information.



### **Emergency Phone #**

Enter the emergency contact phone number of the Provider.

### **IRS Legal Filing Name**

Enter the legal name of the Provider's enterprise used for tax filing purposes. If the Provider files with a Social Security Number (SSN), the IRS legal name CANNOT be the name of the company. The SSN must match the person the SSN is assigned to.

### Federal Tax ID or SSN

Enter the Federal Tax Identification number or the Social Security Number of the Provider. Then, select the correct option:

- Federal Tax ID
- SSN

### Type of Business

Select the type of business. Options include:

- Corporation
- Individual / Sole Proprietor
- Partnership
- Nonprofit / Tax-exempt
- Government Entity
- LLC
- Foreign Entity

**Note:** If you check "Foreign Entity", you must complete and provide FIS with a signed form W-8BEN Certificate of Foregin Status of Beneficial Owner for United States Tax Withholding. Download from https://www.irs.gov/pub/irs-pdf/fw8ben.pdf

### **Bank Routing Number**

Enter the bank routing number of the Provider.

### **Re-Enter Bank Routing Number**

Re-enter the bank routing number.

### **Bank Account Number**

Enter the bank account number of the Provider.

### **Re-Enter Bank Account Number**

Re-enter the bank account number.

### Account Type

Select the type of bank account. Options include:

- Checking
- Prepaid
- Savings

### **Transaction Processing Cutoff Time**

Enter the time of day that the Provider cuts off transaction processing each business day.

Then, select AM or PM.

2. Click the **Continue** button. The Provider Agreement (Step 5 of 5) screen displays.

### **Provider Agreement (Step 5 of 5)**

1. Enter your name in the **Signed By** field and and your business title in the **Title** field on the screen.

FIS	ebt <u>EDGE</u> ™
	Monday, December 2, 20XX Provider Agreement (Step 5 of 5)  Please read the following information carefully.
Registration Process Step 1: Provider Registration Step 2: Provider Agreement Step 3: "Yes, J accept" Step 4: Provider Information Step 5: Print/Sign	Thank you for submitting your information to Fidelity information Services, Inc. To complete your Provider Registration process, fill in the fields below.  *Signed By: Title: Date Signed: May 19, 2020  If there are issues with your contract or information provided. FIS will contact you directly. Citck "Continue to etbProvider" to go to the Provider Postal or citck "Log OF" if you are done.
Agreement Page	Continue to ebtProvider Log off Continue To EbtProvider Log off Continue Privacy Nation Pris Privacy Palacy Terms and Conditions © 20XX Fidelity National Information Services, Inc. and its subsidiaries. All rights reserved.

Step 5 of 5 – Provider Agreement

2. Click the Continue to ebtProvider button to submit the contract.

FIS	ebtEDGE <sup>sm</sup>	
6257		
		Monday, December 7, 20XX
	The online registration process was successfully completed.	
Cardholder Login		
Agency Login		
Merchart Login TPP & Networks Login	Provider Registration Complete	
Provider Login	Your online registration process is complete. Click Continue to eD#rovider to access the eD#rovider website.	
Pamer Login		Continue to ebtProvider Log off
User Admin Login		
About EBT		
USDA - FNS		
NACHA		
1	Internet Policy Information Practices Terms and Conditions	
1	@20XX Fidelity National Information Services, Inc. and its subsidiaries. All rights reserved.	

### Provider Registration Confirmation

The Provider Registration Complete page displays a confirmation message indicating that the online registration process was successfully completed.

- 1. Click the **Continue to** *ebt***Provider** button to begin using the application.
- 2. Click the Log off button to return to the Child Care Provider Log In page.

### **Forgot My Password**

If you forget your password, you can request a new one.

To request a new password:

1. Click the **Did you forget your password** link on the Child Care Provider Log In page.

	ebt <u>EDGE</u> ™	
	r Child Care Provider Log In	Monday, September 28, 2000
	****** For VeriFone VX520 POS terminals with menus showing FIS Child Care, click here for download instructions ****** Enter your user ID and password in the boxes below and click Login.	
Cardholder Login Agency Login Merchant Login Provider Login Partner Login User Admin Login	Section 2 Complete your contract or register online now     Complete your contract or register online now     Complete your contract or register online now     For North Carolina Subsidized Child Care Assistance (SCCA):     Click here for Xonth Carolina Provider Agreement     For Visconsin Provider Child Care Provider (WIDCF):     Click here for Wisconsin Provider Agreement     For Wisconsin Provider Agreement     For Wisconsin Provider Agreement	
About EBT USDA - FNS NACHA	Did you forget your password?           Your Password will expire after 45 days.           Your User ID will expire after 90 days of inactivity.	

Provider Log In Page

The Forgot Your Password page displays:

Forgot Your Pas	sword	
Submit Your	User ID	
* User ID:		
	Vvoj2QQP	3
* Enter the text shown above :		
	Next Cancel	

Forgot Password – User ID

- 2. Enter your email address in the User ID field.
- 3. Enter the CAPTCHA text that you see on the screen in the text box.
- 4. Click the **Next** button or click the **Cancel** button to return to the Child Care Provider Log In page.

The Answer Your Challenge Question(s) page displays

FIS	ebt <u>EDGE</u> <sup>SM</sup>	Password Reset
Forgot Your Password 🛙		
Answer Your Challenge Question		
*What is your favorite food?		
5Mgn3Gtz 🥑		
Enter the text shown above :     Next     Cancel		

Forgot Password – Challenge Question

- 5. Answer the challenge question that appears; you must enter the same challenge response that you entered when you registered.
- 6. Enter the CAPTCHA text in the text box.
- 7. Click the **Next** button (or click the Cancel button to return to the Forgot Your Password page). After you click **Next**, FIS sends an email to you with a temporary password.

The Log In Using Using Temporary Password page displays:

orgot Your Password	
Log In Using Temporary Password	í
Your temporary password has been sent to yo You will be asked to change the password who	
If you don't receive the email, contact your State	e security staff.
	ОК

### **Confirmation with Instruction**

- 8. Click **OK** to be returned to the Log In page. Log in using the temporary password. The application prompts you to immediately enter and re-enter a new password.
- 9. You next receive an email with a temporary password. The email address used is the one entered when your security administrator issued your User ID.

### *ebt*EDGE<sup>™</sup> Provider Portal User Guide

From:	FIS eAccess <donotreply-extranet@fisglobal.com></donotreply-extranet@fisglobal.com>
fo: Cc:	ebtedgeuserid@user.com
Subject:	EBTPassword Reset
Your pa	eceived a request to reset the password associated with your FIS eAccess account. ssword has been reset to the following ary Password: gESi5EhJ
1.200	be required to change this password the first time you logon to <a href="http://www.ebtedge.com">http://www.ebtedge.com</a> .
If you h	ave questions or issues with your password, (State-specific contact information will appear here).

### Sample Email with New Temporary Password

Your State's contact information will appear in last line of the email. This image is for demonstration only.

10. Log in again to the Agency Portal with your new temporary password and update it when prompted.

# 2 Application Tabs

# Home Tab

Select the Home tab to access features and information quickly.

			ebtedge.com	Log Off
ebt	Provider			
Home Services	Documentation	Help Topics	News	
			Monday, October	19, 20XX
News Test News Item	Welcome MEKONG MARKET, D2012 Update my profile Last Logon: 10/19/20XX 02:48:56 C	т		
Help Topics Accepting Credit Cards on POS	Services List all Provider Information (Open)			
Equipment Balance Inquiry Getting Help How to use Provider help topics Using a Damaged EBT Card	Provider Information ( <u>Open</u> ) Provider Contract ( <u>Open</u> ) Provider Deposits ( <u>Open</u> ) Provider Transactions ( <u>Open</u> ) Supply Requests ( <u>Open</u> )			
Documentation <u>Provider No Terminal Quick</u> <u>Reference Guide</u>				
Provider Quick Reference Guide				
Online Privac	y Notice FIS Privacy Policy Te ational Information Services, Inc. and its	rms and Conditions	inved	

Home Tab

The Home tab displays links to the following features in different panels:

- News Alerts
- Help Topics
- Documentation
- Update my profile
- <u>Services</u>

Click the topic links for more information.

### **Update My Profile**

You can change your password and update challenge questions and responses by selecting the **Update my profile** link on the **Home** page.

Update My Profile	
Modify the information that ne	eds to be changed and click Update.
User Access	
User ID:	EBT User
*Current Password:	
Change Password	
New Password:	(Passwords must be at least 8 characters but no more than 14 characters long and must contain at least 1 number, at least 1 lower case and at least 1 upper case letter.)
Confirm New Password:	
Challenge Question 1:	What is the name of your favorite pet?
Challenge Response 1:	
Challenge Question 2:	What is your favorite beverage?
Challenge Response 2:	
Challenge Question 3:	What is your favorite movie?
Challenge Response 3:	
	Update Cancel

### Update My Profile Page

**Note:** Once you select Challenge Questions and Responses the first time you log in, it is not necessary to change the questions and responses again unless you decide to.

The system allows you to update your profile in the following ways:

- Change your password and answer your existing challenge questions.
- Change your password and the responses to your existing challenge questions.
- Change your password and challenge questions and responses.

In all cases, you must change your password and answer (or change) all three challenge questions.



## **Services Tab**

Select the Services tab to access services that you have permission to view and/or update.

	S	e <i>bt</i> Pro	ovider			ebtedge.com	Log Off
Home			Documentation		Help Topics	News	
Services						Friday, October	23, 20XX
Service		Options					
Provider Info	ormation	( <u>Open</u> )					
Provider Cor	ntract	( <u>Open</u> )					
Provider Dep	posits	( <u>Open</u> )					
Provider Tra	nsactions	( <u>Open</u> )					
Supply Requ	uests	( <u>Open</u> )					
		Privacy Notice	FIS Privacy Policy		nd Conditions		
	©20XX Fide	elity National Ir	formation Services, Inc. a	nd its subsi	diaries. All rights rese	rved.	

Services Tab

The following services are currently available:

- Provider Information
- Provider Contract
- Provider Deposits
- Provider Transactions
- Supply Requests

# **Documentation Tab**

Select the **Documentation** tab to view the available documentation.

FIS	e <i>bt</i> Provider			ebtedge.com Log Off
Home Service	es Document		Help Topics	News
Documentation				Tuesday, October 20, 20XX
	DF format files. If you do not have th w the link <u>http://www.adobe.com/pr</u>			Al Get Acrobat Note Reader
Title	Туре	Service	Release Date	Version
Provider No Terminal Quick	Reference Guide Quick Reference	Provider Infor	mation May 1, 2004	1.0
Description: This is a test pr	ovider quick reference document			
Provider Quick Reference G	uide Quick Reference	Provider Infor	mation May 1, 2004	1.0
Description: This is a test pr	ovider quick reference document			
				Back to Top
0	nline Privacy Notice FIS Priva	acy Policy	Terms and Conditions	
©20XX	Fidelity National Information Ser	vices, Inc. and it	s subsidiaries. All rights rese	erved.

### Documentaion Tab

### To filter your document selection

- 1. Select the type of document from the drop-down list next to the Select a Type field.
- 2. Select a service from the drop-down list next to the Select a Service field.
- 3. Click the Search Button. The selected documents display.

### To view the document

Click the document name below the **Title** field. The PDF of the selected document displays.

Click the **Back To Top** link to scroll to the top of the Documentation tab.

# Help Topics Tab

Select the **Help Topics** tab to go to the Help Topics page. Click the required link to go to a specific Help Topic.

FIS eb	<i>t</i> Provider		ebtedge.com	Log Off
Home Services	Documentation	Help Topics	News	
Help Topics			Tuesday, October	20, 20XX
Voucher Information	Transactio	on Information		
Getting Help	Accepting C	redit Cards on POS Equipment		
How to use Provider help topics	Balance Ing	uiry		
Using a Damaged EBT Card				
Online Privacy		Terms and Conditions		
©20XX Fidelity Nat	tional Information Services, Inc. and i	ts subsidiaries. All rights reser	ved.	

Help Topics Tab

## **News Tab**

Select the **News** tab to go to the News page. Click the required link in the News section to go to a specific news item.

	S ebt	Provider		ebtedge.com	Log Off
Home	Services	Documentation	Help Topics	News	
				Tuesday, October	20, 20XX
News					
	Se	lect a News Category: All	Search		
Title		Date	Category		
Test News I	tem	7/14/04 1:45	5 PM New Products		
				Back to T	op
	Online Privacy No	tice FIS Privacy Policy 1	Ferms and Conditions		
	©20XX Fidelity Natio	nal Information Services, Inc. and it	s subsidiaries. All rights rese	rved.	

### **News Tab**

Choose a category from the **Select a News Category** drop-down and click on **Search**. Click on a news title to view the item.

# **3** Provider Services

Child Care providers can perform the following tasks online:

- View and update Provider Information
- Review Provider Contract
- View Provider Deposits
- View Provider Transactions
- Request Supplies

# **View and Update Provider Information**

Select the link on the **Services** tab to access a page that displays the information about the provider that was entered upon registration:

	•				ebtedge.com	Log Off
F	IS d	ebtPı	rovider			
Home	Servic	es	Documentation	Help Topics	News	
					Tuesday, Octobe	er 20, 20XX
Provider	Information	Back	to Services			
Contract Status	s: Signed		Locatio	on ID #: D201234		Update
Provider Inform	nation					*=Required
Name:	MEKONG MARKET		Phone #:		123- 456- 7890	1
Address 1:	1640 N BROADWAY		Fax #:		122 - 111 - 2222	]
Address 2: City:	WICHITA					
State:	KS					
Postal Code:	67214					
Provider Hours	3					
Click Yes, if op	en 24x7, or enter your	dailv store				
hours in your le	ocal time zone.	,				
Open 24x7	ON0					
OR						
Monday:	12:00 am To	11:59	pmEnter the time your transaction	on processing cuts off each da	у.	
Tuesday:	12:00 am To	11:59	pm* Transaction Processing Cu	utoff Time:	12:00 AM 🗸	
Wednesday	: 12:00 am To	11:59	pm			
Thursday:	12:00 am To	11:59	(The 24 hour period from one Cu pmprocessing day. If your Cutoff Tim	ne is before the ACH deposit		
Friday:	12:00 am To	11:59	deadline of 06.00 p.m. CST your pm deposited in your bank account th 06.00 p.m., your funds will be de	processing day tunds will be he next business day. If it is after posited in two business days.)		
Saturday:	12:00 am To	11:59	pm			
Sunday:	12:00 am To	11:59	pm			
Provider Conta	ct					
*First Name:	Smith					
*Last Name:	Mary	×				
Home Phone	#: 122 - 222	- 2222				
						Back To Top
						Update
	(	Online Privacy	Notice FIS Privacy Policy	Terms and Conditions		
			ional Information Services, Inc. a		reserved.	

**Provider Information Page** 

To update Provider Information:

- 1. Modify the required information on the Provider Information page.
- 2. Click the **Update** button.

**Note:** The Update button displays only with the required permission(s), otherwise the information is read-only and cannot be updated.

If information is updated, a page displays a confirmation message.

### **Review Provider Contract**

Select the link on the **Services** tab to access a page that displays the Provider Contract. The Provider Contract will open in the word format in a new window.



# **View Provider Deposits**

Select the link on the **Services** tab to view and print the Provider Deposits list, and view and print your deposit details.

	e <i>bt</i> Pr	ovider		ebtedge.com	Log Off
Home	Services	Documentation	Help Topics	News	
Provider Dep	OSITS Back to S	Services		Tuesday, October	· 20, 20XX
*Choose					
Date: 🖲		Click on calendar icon to selec	t date		
Date Range: 〇					
Show Deposits					_
	Online Privacy		erms and Conditions		
	©20XX Fidelity Nat	ional Information Services, Inc. and its	subsidiaries. All rights reserve	d.	

**Provider Deposits with Date Selection** 

Select the **Date** radio button, and click the calendar icon to select the date for which you want to display the Provider Deposits,

or

Select the **Date Range** radio button, and click the calendar icons next to the **From** and **To** fields to select the date range of deposits you want to display.

Note: By default, the Date radio button is selected.

Click the **Show Deposits** button to view all deposits in order by settlement date, most recent first (or click the **Back to Services** link at the top of the page to return to the **Service** tab).

G	1 C	=
		2

	<b>S</b> ebtPro	ovider		ebtedge.com	Log Off
Home	Services	Documentation	Help Topics	News	
				Tuesday, Octobe	r 20, 20X)
Provider D	onosite	Save Search Result Summary - T Services Back to DateSelection	his Page 🗸 as 🔿 🖾 Excel	● 🔁 PDF Save	
· · ·	inter Friendly Version				
Settlement Date 04/03/20XX	Settlement Amount \$700.00	Deposit Type Merchant Deposits Credit-DD			
04/03/20XX	\$1480.25	Merchant Deposits Credit-DD			
04/03/20XX	\$410.00	Merchant Deposits Credit-DD			
11/17/20XX	\$700.00	Merchant Deposits Credit-DD			
11/17/20XX	\$1480.25	Merchant Deposits Credit-DD			
<u>11/17/20XX</u>	\$410.00	Merchant Deposits Credit-DD			
		Privacy Notice FIS Privacy Policy Te ity National Information Services, Inc. and its :	rms and Conditions subsidiaries. All rights reserved.		

### **Provider Deposits**

Click the **Next** link on the page to view the next set of Provider Deposits.

Click the **Back to Services** link at the top of the page to return to the Services tab.

Click the **Back to Date Selection** link at the top of the page to return to the Provider Deposits - Date Range page.

### To save a search result

- 1. Select the category from the drop-down list next to the **Save Search Result** field. By default, the value "Summary-This Page" displays in the Save Search Result field.
- 2. If you select the **Excel** radio button next to the **Save Search Result** field and click the **Save** button, the displayed Provider Deposits list opens in an Excel format:

Fi	le Home Inse	ert Page Layout F	ormulas   Data   Review   View	Help Acrobat 🔎	Search	r P
C2	2 💌 :	$\times \checkmark f_x$				~
1	А	В	С	D	E	F
1 2 3	Search Criteria	ı				
4	Location:	D201234 - MEKONG I	MARKET			
5	Agency:	KSSRS				
	Date/Date Range:	10/01/20XX to 10/08/	20XX			
7						
	Transaction Su	Immary				
9						
10	Settlement Date	Settlement Amount	Deposit Type			
11	04/03/20XX	\$700.00	Merchant Deposits Credit-DD			
12	04/03/20XX	\$1480.25	Merchant Deposits Credit-DD	-		
13	04/03/20XX		Merchant Deposits Credit-DD			
14	11/17/20XX		Merchant Deposits Credit-DD			
	11/17/20XX		Merchant Deposits Credit-DD	_		
16	11/17/20XX	\$410.00	Merchant Deposits Credit-DD			
17						
18 19						
20						
20						
	Pro	vider 🕂		: •		▶
				▦ ▣ ─		

Search Result – Excel

3. If you select the **PDF** radio button next to the **Save Search Result** field and click the **Save** button, the displayed Provider Deposits list opens as a PDF file.

🔒 KSS	RSsummaryPage102020200321	42.pdf - Adobe Acrobat Pro DO	C		_		$\times$
<u>F</u> ile <u>E</u> c	dit <u>V</u> iew <u>S</u> ign <u>W</u> indow <u>I</u>	<u>H</u> elp					
Hom	ne Tools KSSR	SsummaryPag ×		Ģ	?	<b>.</b>	
₿	🕁 🗭 🖶 🖸	(1)	1 🕨 🖑 79.5% 🗸	•••	2	$\bowtie$	20
						^	0
							~
	Search Criteria						E
	Location: D201234 -	MEKONG MARKET					Po
	Agency: KSSRS						
	Date/Date Range: 10/01/20X	K to 10/08/20XX					B,
	T d C						
	Transaction Summary						
•							
-	Settlement Date	Settlement Amount					
			Deposit Type			4	
	04/03/20XX	\$700.00	Merchant Deposits Credit-DD				
	04/03/20XX	\$1480.25	Merchant Deposits Credit-DD Merchant Deposits Credit-DD	-			
	04/03/20XX 04/03/20XX	\$1480.25	Merchant Deposits Credit-DD Merchant Deposits Credit-DD Merchant Deposits Credit-DD	-		4	
	04/03/20XX 04/03/20XX 11/17/20XX	\$1480.25 \$410.00 \$700.00	Merchant Deposits Credit-DD Merchant Deposits Credit-DD Merchant Deposits Credit-DD Merchant Deposits Credit-DD			4	
	04/03/20XX 04/03/20XX 11/17/20XX 11/17/20XX	\$1480.25 \$410.00 \$700.00 \$1480.25	Merchant Deposits Credit-DD Merchant Deposits Credit-DD Merchant Deposits Credit-DD Merchant Deposits Credit-DD Merchant Deposits Credit-DD			4	E
	04/03/20XX 04/03/20XX 11/17/20XX	\$1480.25 \$410.00 \$700.00 \$1480.25	Merchant Deposits Credit-DD Merchant Deposits Credit-DD Merchant Deposits Credit-DD Merchant Deposits Credit-DD			4	
	04/03/20XX 04/03/20XX 11/17/20XX 11/17/20XX	\$1480.25 \$410.00 \$700.00 \$1480.25	Merchant Deposits Credit-DD Merchant Deposits Credit-DD Merchant Deposits Credit-DD Merchant Deposits Credit-DD Merchant Deposits Credit-DD			•	
	04/03/20XX 04/03/20XX 11/17/20XX 11/17/20XX	\$1480.25 \$410.00 \$700.00 \$1480.25	Merchant Deposits Credit-DD Merchant Deposits Credit-DD Merchant Deposits Credit-DD Merchant Deposits Credit-DD Merchant Deposits Credit-DD				
	04/03/20XX 04/03/20XX 11/17/20XX 11/17/20XX	\$1480.25 \$410.00 \$700.00 \$1480.25	Merchant Deposits Credit-DD Merchant Deposits Credit-DD Merchant Deposits Credit-DD Merchant Deposits Credit-DD Merchant Deposits Credit-DD				

### Search Result – PDF

### Print page

You can also print directly from the Providers Deposits page, by clicking on the **Printer Friendly Version** link:

Fig	ebtPro	ovider		ebtedge.com Log Of
Home	Services	Documentation	Help Topics	News
				Tuesday, October 20, 20X
		Save Search Result Summary - Th	is Page 🗸 as 🛛 🖾 Excel	● 1 PDF Save
Provider De	eposits Back to	Services Back to DateSelection		
ocation: D201234 - I	MEKONG MARKET			
eposit List Prir	nter Friendly Version			
eposit List Prir Gettlement Date	nter Friendly Version Settlement Amount	Deposit Type		
·		Deposit Type Merchant Deposits Credit-DD		
Settlement Date	Settlement Amount			
Settlement Date	Settlement Amount \$700.00	Merchant Deposits Credit-DD		
Settlement Date 04/03/20XX 04/03/20XX	Settlement Amount \$700.00 \$1480.25	Merchant Deposits Credit-DD Merchant Deposits Credit-DD		
Settlement Date 14/03/20XX 14/03/20XX 14/03/20XX	Settlement Amount \$700.00 \$1480.25 \$410.00	Merchant Deposits Credit-DD Merchant Deposits Credit-DD Merchant Deposits Credit-DD		
iettiement Date 4/03/20XX 4/03/20XX 4/03/20XX 1/17/20XX	Settlement Amount \$700.00 \$1480.25 \$410.00 \$700.00	Merchant Deposits Credit-DD Merchant Deposits Credit-DD Merchant Deposits Credit-DD Merchant Deposits Credit-DD		

#### Search Result – Printer Friendly Option

The printable page contains instructions to click the Print icon on your browser and a link to **Back to Deposit List** to return to the regular view:

Provider D	eposits	Back to Deposit List
Deposit List		
Settlement Date	Settlement Amount	Deposit Type
04/03/20XX	\$700.00	Merchant Deposits Credit-DD
04/03/20XX	\$1480.25	Merchant Deposits Credit-DD
04/03/20XX	\$410.00	Merchant Deposits Credit-DD
11/17/20XX	\$700.00	Merchant Deposits Credit-DD
11/17/20XX	\$1480.25	Merchant Deposits Credit-DD
11/17/20XX	\$410.00	Merchant Deposits Credit-DD

### **Provider Deposits – Printable Page**

### To view the deposit details

Click on the **Settlement Date** link in the Provider Deposits page to view the Provider Deposits Detail page:

ebtedge.com									
Home		Docu	mentation	Help	Topics	News			
Location: D201234 - I	PDOSITS Detail MEKONG MARKET rinler Friendly Version	Save Sea Back to Services		nmary - This Page 💙 as reposit List	C 📓 Excel	Tuesday, October	r 20, 20XX		
Date Time	TranType	First Name	Last Name	Card	Amount				
04-03-20XX 09:49 AM	I CASH PURCHASE	MARY	SMITH	XXXXXXXXXXXX3998	\$1.00				
04-03-20XX 09:34 AM	I CASH PURCHASE	MARY	SMITH	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$1.00				
	Online Priv	vacy Notice I	FIS Privacy Policy	Terms and Conditions					
	©20XX Fidelity	/ National Information	on Services, Inc	. and its subsidiaries. All	rights reserved.				

**Provider Deposits Detail** 

The Providers Deposit Detail page contains the same options as the Provider Deposit page to open the page in **Excel** or **PDF** to print or save to your computer. There is also a **Printer Friendly Version** link to open a page for printing.

Click the Pri	Click the Print icon on your browser window or click File and then Print									
Provid	Provider Deposits Detail Back to Deposit List									
Location: D2	201234 - ME	KONG MARKET								
Deposit Deta	ail Prir	nter Friendly Version								
Date	Time	TranType	First Name	Last Name	Card	Amount				
04-03-20XX	09:49 AM	CASH PURCHASE	MARY	SMITH	XXXXXXXXXXXXXXX3998	\$1.00				
04-03-20XX	09:34 AM	CASH PURCHASE	MARY	SMITH	XXXXXXXXXXXXXX3998	\$1.00				
		Online	e Privacy Notice	FIS Privacy Policy	Terms and Conditions					
		©20XX Fid	lelity National Informat	ion Services, Inc	. and its subsidiaries. All 1	ights reserved.				

**Provider Deposits Detail – Printer Friendly Option** 

# **View Provider Transactions**

Select the link on the Services tab to view the Provider Transactions list.

Ē	ebtedge.com Log (										
Hom	ıe	Services		Docume	ntation	Help To	pics	News			
								Thursday	, December 3, 20XX		
Provid	der 1	Filter By Approve	ed 🗸	Save Search Result	Summary - This Page	🖌 as 🔿 🕅 Exe	xel 🔿 🔁 PDF	Export	Refresh		
		Next >>									
Date	Time	Tran Type	Method	First Name	Last Name	Case Number	Card	Amount	Confirmation #		
12/02/20XX	17:50	CHILD CARE TRANSFER	WEB	MARY	SMITH	8116085883	XXXXXXXXXXXXX42459	\$873.80	778579		
12/02/20XX	14:32	CHILD CARE TRANSFER	ARU	RYAN	KRUEGER-SEELOW	7188327271	XXXXXXXXXXXXXX84907	\$890.31	777734		
12/02/20XX	13:22	CHILD CARE TRANSFER	WEB	MARY	SMITH	5113407054	XXXXXXXXXXXXXXX42459	\$650.15	777436		

**Provider Transactions** 

Select an option from the **Filter By** drop-down selector to show the following transactions in the list:

- Approved
- Declined
- All

Click the Next link on the page to view the next set of Provider Transactions.

Click the **Refresh** button to refresh the list using the options you have currently selected.

### To export a search result

- 1. Select the category from the drop-down list next to the **Save Search Result** field. By default, the value "Summary-This Page" displays in the Save Search Result field.
- 2. If you select the **Excel** radio button next to the **Save Search Result** field and click the **Export** button, the displayed Provider Transactions list opens in an Excel format:

Fil	le Hon	ne l	nsert Page Layout	Form	ulas Data	a Review	View He	lp Acrobat 🖉	Search	ß	9
C2	2	•	$X \checkmark f_x$								×
	А		В			С		D	E	F	
	Provider		actions Tran Type	Method	First Name	Last Name	Case Num	ber Card	Amount	Confirmation #	ŧ
5	12/02/20XX		CHILD CARE TRANSFER	WEB	MARY	SMITH	81160858	83 000000000000000000000000000000000000	\$873.8	778579	
C	12/02/20XX		CHILD CARE TRANSFER	ARU	MORGAN	BAAKE	71883272			777734	
7	12/02/20XX	13:22	CHILD CARE TRANSFER	WEB	MARY	SMITH	51134070	54 )000000000000004245	9 \$650.15	777436	
		F	Provider 🕀				:	•			Þ
Rea	dy							■ □ -	-	+ 1	100%

Search Result – Excel

3. If you select the **PDF** radio button next to the **Save Search Result** field and click the **Export** button, the displayed Provider Transactions list opens as a PDF file.

KSSRSsu	mmaŋ	/Page1020	2020032142.p	df - Ado	be Acrobat I	Pro DC					_		×
le <u>E</u> dit	<u>V</u> iew	<u>S</u> ign <u>W</u>	indow <u>H</u> elp	)									
Home	Тос	ols	KSSRSsu	mmaryl	Pag ×					<b>P</b>	?		(
	7 6	<u>ጉ</u>	} ©(		. 1	/ 1	•	79.5% 🔻 🔹	••		2	$\bowtie$	2
Provider	Trans	actions										^	6
Provider	Trans	actions										^	0
		actions Tran Type		Method	First Name	Last Name	Case Number	Card	Amount	Confirm	nation #	^	(
	Time	Tran Type	RE TRANSFER		First Name	Last Name SMITH	Case Number 8116085883	Card x0000000000000042459	Amount \$873.80			^	[
Date 12/02/20XX	Time 17:50	Tran Type CHILD CA		WEB						778579	)		
Date 12/02/20XX 12/02/20XX	Time 17:50 14:32	Tran Type CHILD CA CHILD CA	RE TRANSFER	WEB ARU	MARY	SMITH	8116085883	000000000000000000000000000000000000000	\$873.80	778579 777734	)		-

### Search Result – PDF

# **Supply Requests**

Select the link on the **Services** tab to order products, submit your order form, and request for the ordered products to be shipped to your mailing address.

There is also a link to View Previous Orders.



ebtPro	ovider		ebtedge.com Log Off
Home Services	Documentation	Help To	pics News
Supply Requests Back to Service	<u>15</u>		Wednesday, October 21, 20X)
On this page: • Order Supplies • <u>View Previous Order</u> Order Supplies	15		
Select supplies		Order this	
Select the product(s), enter the quantity, and click Add>>. Product: ChildCare Non Trad QRG ✓ Quantity: Quantity: Quantity: Quantity: Quantity: Quantity restrictions do apply. Orders placed for the same product(s) must be more than 24 houre sport	Item Description : Child Care Provider Non Traditional Quick Reference Guide.	Add >>	er Form
24 hours apart.	Page Notico EIC Driveren Defen	Terms and Conditions	er Form Remove Clear All
	racy Notice FIS Privacy Policy National Information Services, Ir		ts reserved
©20XX Hidelity	National Information Services, I	ici ana ita sabadianes. Ali figi	la reserved.

#### Supply Requests

### **Order Supplies**

- 1. Select the product(s) from the drop-down list next to the **Product** field. The description of the selected product item(s) to be ordered display in the **Item Description** box.
- 2. Enter the number of products that you want to order in the Quantity field.
- 3. Click the **Add** button. The ordered product(s) list display in the **Order this** box.

To remove selected products from the displayed list:

Click on a product in the **Order this** list box, and click the **Remove** button. The removed products are moved back from the **Order this** box to the **Item Description** box.

To remove *all* the products from the displayed list:

Select all the products by clicking on each in the **Order this** box, and click the **Clear All** button. All the products are moved back from the **Order this** box to the **Item Description** box.

4. Click the **Create Order Form** button. The Supply Requests – Shipping Information page displays:

	ebtPro	ovider		ebledge.com Log Off	
Home	Services	Documentation	Help Topics	s News	
Supply Requests				Wednesday, October 21, 20XX	
Shipping Information					
Verify shipping		ur order to ensure prompt delivery of your supplies.			
*Shipping Address 1:	1640 N BROADWAY ×	Store Name:	MEKONG MARK	KET	
Shipping Address 2:		*Contact Name:			
*City:	WICHITA	<b>Note:</b> Do not use a P.O. Box for a ship Supplies cannot be mailed to a P.O. B			
*State	KS 🗸				
*Postal Code:	67214 -			Update Shipping Address	
Order Detail					
		to the product name and click Delete Checked items.			
	Product ChildCare Non Trad QRG	Quantit 10	-	Order Date 10/20/XX	
		10			
Delete Checked Iter	ms		Add More Items	Submit Order Cancel Order	
			ms and Conditions		
©20XX Fidelity National Information Services, Inc. and its subsidiaries. All rights reserved.					

### Supply Requests – Shipping Information

The Supply Requests – Shipping Information page has two sections:

- Shipping Information
- Order Detail

### **Shipping Information Section**

The Shipping Information section displays the shipping information data from the database. Verify the shipping address before submitting the order to ensure prompt delivery of the products that you ordered.

**Note:** You cannot update the shipping address details, as address information is a one time event for shipment of the order.

### **Order Detail Section**

In the Order Detail section, you can perform the following tasks:

- Delete the ordered product(s) from the list
- Add more products to the ordered list
- Submit the order
- Cancel the order



### To delete products from the ordered list

1. Select the checkbox(es) below the **Delete** field for products to be deleted from the displayed list in the Order Detail section of the Supply Requests - Shipping Information page.

				ebtedge.com Log Off		
ebtProvider						
Home	Services	Documentation	Help Topics	News		
nome	Scivices	Documentation	help topics	Wednesday, October 21, 20XX		
Supply Requests	3			*=Required		
Shipping Information						
Verify shippin	g information before submitting your o	order to ensure prompt delivery of your supplies.				
*Shipping Address 1	1640 N BROADWAY ×	Store Name:	MEKONG MARKET			
Shipping Address 2	:	*Contact Name:				
*City:	WICHITA	Note: Do not use a P.O. Box for a shipping add Supplies cannot be mailed to a P.O. Box.	lress.			
*State	KS 🗸					
*Postal Code:	67214 -			Update Shipping Address		
				,		
Order Detail	the ended and which the she she are the t	an and the Database of the Database of the second state				
Delete	Product	ne product name and click Delete Checked items. Quantity		Order Date		
	ChildCare Non Trad QRG	100		10/20/XX		
Delete Checked Ite	ms		Add More Items Submit Orde	r Cancel Order		
	Onlin	ne Privacy Notice FIS Privacy Policy Terms and C	Conditions			
	©20XX Fidelity National Information Services, Inc. and its subsidiaries. All rights reserved.					

Supply Requests – Delete Checked Items

2. Click the **Delete Checked Items** button. The selected ordered products are deleted from the displayed list.

### To add more products to the ordered list

1. Click the **Add More Items** button in the Order Detail section of the Supply Requests - Shipping Information page:

					ebtedge.com Log Off
	e <i>bt</i> Pr	ovider			
Home	Services	Documentation	1	Help Topics	News
					Wednesday, October 21, 20XX
Supply Requests	5				*=Required
Shipping Information	-				
Verify shippin	g information before submitting y	your order to ensure prompt delivery of y	your supplies.		
*Shipping Address 1	1640 N BROADWAY X	Store Name:		MEKONG MARKET	
Shipping Address 2	:	*Contact Name:			
*City:	WICHITA	Note: Do not use a P.( Supplies cannot be m	O. Box for a shipping addı Iailed to a P.O. Box.	ress.	
*State	KS 🗸				
*Postal Code:	67214 -				Update Shipping Address
Order Detail					
To delete an item from	the order, select the checkbox ne	xt to the product name and click Delete C	hecked items.		
Delete	Product		Quantity		Order Date
	ChildCare Non Trad QRG		100		10/20/XX
Delete Checked Ite	ms			Add More Items Su	bmit Order Cancel Order
		Online Privacy Notice FIS Privacy	Policy Terms and C	onditions	
	©20	XX Fidelity National Information Service	es, Inc. and its subsidiar	ies. All rights reserved.	

Supply Requests – Add More Items

2. The Supply Requests screen displays and allows you to order more products.

### To submit the order

Click the **Submit Order** button in the Order Detail section of the Supply Requests - Shipping Information page.

••••	_			ebtedge.com Log Off	
FIS	<b>b</b> ebtProv	vider			
Home	Services	Documentation	Help Topic	s News	
				Wednesday, October 21, 20XX	
Supply Requests				*=Required	
Shipping Information					
Verify shipping i	information before submitting your	order to ensure prompt delivery of your supplies.			
*Shipping Address 1:	1640 N BROADWAY X	Store Name:	MEKONG MARK	KET	
Shipping Address 2:		*Contact Name:			
*City:	WICHITA	Note: Do not use a P.O. Box for a ship Supplies cannot be mailed to a P.O. B			
*State	ks 🗸				
*Postal Code:	67214 -			Update Shipping Address	
Order Detail					
		the product name and click Delete Checked items.			
	Product ChildCare Non Trad QRG	Quantit 10	•	Order Date 10/20/XX	
Delete Checked Item			Add More Items	Submit Order Cancel Order	
			ms and Conditions		
©20XX Fidelity National Information Services, Inc. and its subsidiaries. All rights reserved.					

### Supply Requests – Submit Order

A confirmation message displays on the Supply Requests page indicating that the order was submitted successfully.

### To cancel the order

Click the **Cancel Order** button in the Order Detail section of the Supply Requests - Shipping Information page.

-

	ebtPr	ovider			ebtedge.com	Log Off
Home	Services	Documentation		Help Topics	News	
0					Wednesday, Octobe	
Supply Requests	i					*=Required
Shipping Information						
Verify shipping	g information before submitting y	our order to ensure prompt delivery of your supplies				
*Shipping Address 1:	1640 N BROADWAY ×	Store Name:	I	MEKONG MARKET		
Shipping Address 2:		*Contact Name:	[			
*City:	WICHITA	<b>Note:</b> Do not use a P.O. Box for a sh Supplies cannot be mailed to a P.O.				
*State	KS 🗸					
*Postal Code:	67214 -				Update Shipping Add	ress
Order Detail						
To delete an item from	the order, select the checkbox ne	t to the product name and click Delete Checked items				
	Product	Qua	-		Order Date	
	ChildCare Non Trad QRG		100		10/20/XX	
Delete Checked Iter	ms		Add	d More Items Submit Orde	r Cancel Order	
		Online Privacy Notice FIS Privacy Policy	Terms and Condition	ns		
©20XX Fidelity National Information Services, Inc. and its subsidiaries. All rights reserved.						

Supply Requests – Cancel Order

Your order is cancelled and you are returned to the Supply Requests page.