



***ebt*EDGESM Provider Portal Registration Guide**

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1 Overview

This short guide explains how to complete a contract and register to use the Provider Portal. The guide also includes instructions for resetting your password and a section for Frequently Asked Questions.

After you complete your registration, you can perform the following tasks:

- Review and update your provider information, such as hours of operation
- Review your provider contract with FIS
- View deposits and transactions
- Order supplies
- Get help and read program information

See the *ebtEDGE Provider Portal User Guide* for those functions. The user guide is available on the Documentation tab after you have logged on as a contracted and registered user.

2 Accessing the Provider Portal

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

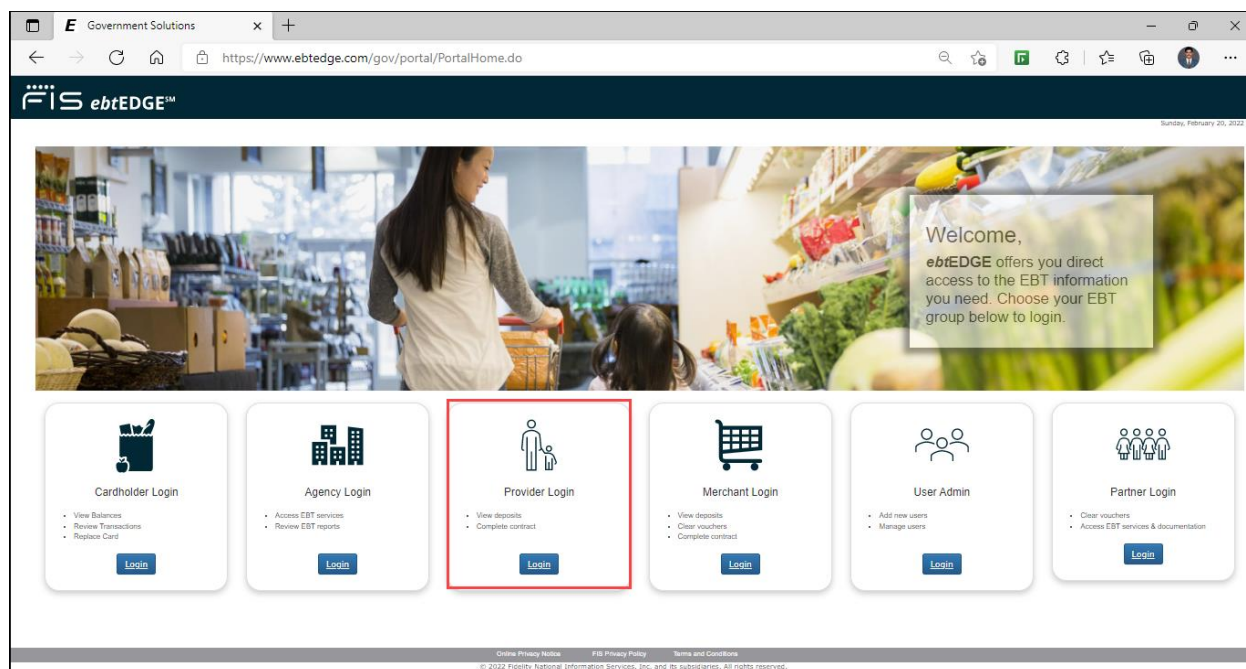
Logging In

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

Note: New users must complete the [First Time Registration](#) 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 Provider Log In page displays.



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

Follow the instructions below to register as a provider online.

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.

Provider Registration *Required

Enter your Provider Identification, User Access information and click Continue to begin the online registration process.

Provider Identification

*FIS Provider ID:

*Provider Phone #: - -

*State or 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:

*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: ▼

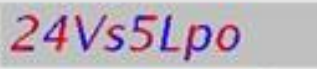

*Challenge Response 1:

*Challenge Question 2: ▼

*Challenge Response 2:

*Challenge Question 3: ▼

*Challenge Response 3:

* Enter the text shown above :

Note: If you have questions or experience problems with the registration process, call 1-800-894-0050.

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. Warning messages may appear to help you enter the required information accurately.

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.

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.

Step 3 of 5 – Provider Registration

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

Note: If you do not agree and click the **No. I do not accept these terms** button, then you will be directed back to the Log In page. If you click the **Back** button, you will be directed to the previous page to review the agreement.

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.

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 Foreign 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 your business title in the **Title** field on the screen.

Step 5 of 5 – Provider Agreement

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

Provider Registration Confirmation

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

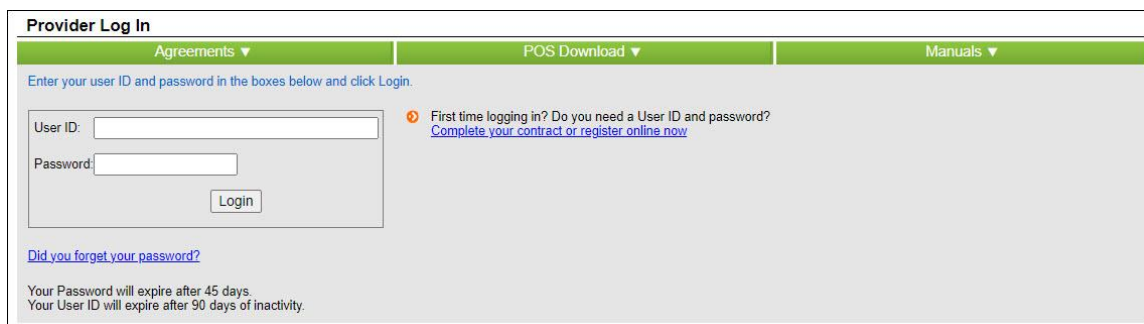
1. Click the **Continue to ebtProvider** button to begin using the application.
2. Click the **Log off** button to return to the Provider Log In page.

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 Provider Log In page.



Provider Log In Page

The Forgot Your Password page displays:



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 Provider Log In page.

The Answer Your Challenge Question(s) page displays

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.

After you click **Next**, FIS sends an email to you with a temporary password. The email will be sent from **FIS eAccess**.

8. Click **OK** on the Log In Using Using Temporary Password page to return to the Log In page.

Confirmation with Instruction

9. Log in using the temporary password sent in the email.

The application prompts you to immediately enter and re-enter a new password.

Please change your current password before continuing.

Note :The new password must be 8-14 characters in length. The new password must contain at least one uppercase letter, one lowercase letter, and a number. The password can contain special characters. The new password will expire in 45 days.

User ID*

Old Password*

New Password*

Confirm New Password*

10. Click on **Continue** to return to the Log in page.

Your new password has been set.

Use this new password the next time you log into your account.

11. Log in again to the Provider Portal with your new password.

3 Frequently Asked Questions

All Providers

Question: What should I do if I'm not able to complete the registration online (using the Provider Portal)?

Answer: If you're not able to complete the online registration, you can print the North Carolina Provider Agreement form and follow the instructions provided to complete and return your agreement to FIS. The agreement can be found under the Agreements tab on the Provider Portal Log In page.

Question: How do I update my bank information for my direct deposit?

Answer: Complete a Bank Information Change Request form and submit it to the Merchant Services Team at FIS. The form can be found the Documentation tab of the Provider Portal or by calling the helpdesk at 877-262-9905.

Question: How do I add a contact to my FIS account?

Answer: Complete a Change Contact Information Request form and submit it to the Merchant Services Team at FIS. The form can be found the Documentation tab of the Provider Portal or by calling the helpdesk at 877-262-9905.

Question: What should I do if there is a change in ownership in my business, but the Tax information is remaining the same?

Answer: Please complete a new North Carolina Provider Agreement and follow the instructions on the form to return it to FIS. The agreement can be found under the Agreements tab on the Provider Portal Log In page.

Question: What should I do if there is an ownership change in my business and the Tax information is changing?

Answer: Please work with NC Fast to create a new profile; once your new profile is created, please complete the North Carolina Provider Agreement by registering online (using the Provider Portal).

North Carolina Utility Providers

Question: How will I receive my NC utility payments?

Answer: North Carolina will send FIS an ACH payment file. FIS will pass the payments through to the account you identified during the registration process. If you are inquiring about a payment, please contact the ENERGY PROVIDER HELP DESK at 919-813-5460, Monday through Friday, between 8:00 am ET and 6:00 pm ET.

Question: What should I do if there is a discrepancy with the amount that was deposited in my account?

Answer: FIS will only pass through what the state sends them in the ACH file. Please contact the ENERGY PROVIDER HELP DESK at 919-813-5460, Monday through Friday, between 8:00 am ET and 6:00 pm ET.

Question: I received a payment from FIS; what is included in this payment?

Answer: FIS will only pass through what the state sends them in the ACH file. For payment details, please contact the ENERGY PROVIDER HELP DESK at 919-813-5460, Monday through Friday, between 8:00 am ET and 6:00 pm ET.

Questions: What should I do if I did not receive all the payments listed on my 1099K?

Answer: FIS will only pass through what the state sends them in the ACH file. For payment details, please contact the ENERGY PROVIDER HELP DESK at 919-813-5460, Monday through Friday, between 8:00 am ET and 6:00 pm ET.