## Electronic Payment - Submit An Electronic Form By Clicking On The Contact Operator Button

Owners can enroll in direct deposit with the Operator, by submitting an "Electronic Payment" form electronically through EnergyLink.

## Note: Operators must have this feature enabled in order for Owners to submit this form electronically.

- 1. Click on the "Contact Operator" button by choosing <u>one</u> of the following methods:
- Click on the "More" button within the "Invoice / Check" line and then select, "Contact Operator".

Search Excel Reports (SysAdmin/Beta) Admin Help & Info						2 Learn More
					🚨 Conta	ct Operator [2] 👻
Invoices / Checks				<b>•</b>	Operator Lists Who's sending on EnergyLink? Save Tir Get your d	ne. Watch Now. lata in Excel.
Search *Showing last 2 years of active invoices / checks		Q T Advanced Filters				
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Joc Type	Operator	Owner #	Invoice / Check Invoice/Check Date	Op Acct Month  Received Date	Status	Total Amt CSH
Q View 🔁 PDF 🗃 Excel More 🖉 REVENUE	ZTEST-OPERATOR	4295	24821 2020-03-01	Feb 2020 2020-07-02	Viewed	15,340.86
Q View DPF Stexee	ZTEST-OPERATOR	4295	24821 2020-03-01	Jan 2020 2020-05-04	Viewed	15,340.86
Q View BPDF Excel	ZTEST-OPERATOR	4295	24821 2020-03-01	Jan 2020 2020-05-01	New	15,340.86

or

 Click on the "Contact Operator" button, located in the top right corner of the screen and then select, "New Inquiry".

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Invoices / Checks					٥	Operat Operat New Inquiry Create a new Inquiry for your Who's ser Existing Inquiries [2 Operation	act Operator [2]
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Q View PDF Excel More - RE	EVENUE	ZTEST-OPERATOR	4295	24821 2020-03-01	Jan 2020 2020-05-01	New	15,340.86

2. Click on the "Electronic Payment" hyperlink.

	Operator	ZTEST-OPERATOR
1 EnergyLink	Partner / Owner	ZTEST-H (Revenue)
	Check	24821 Mar 01, 2020
Plea	ase select the type of	of Inquiry
	Address Chang	ge
(	Electronic Paym Direct Deposit / A	ent CH

3. Click on the drop-down list to select a "Request Type" ("New", "Change" or "Cancel").

		Operator TherefyLink Partner / Owner Check	ZTEST-OPERATOR ZTEST-H (Revenue) 24821 Mar 01, 2020	
		Electronic Payment (click to change) Assigned User <b>Q</b>	• [Me]	
CompanyName the possibility of To enroll, chang filling in this for	e offers payment by Autor of lost, delayed, or expired ge, or cancel your ACH de m. Please allow approxim	mated Clearing House (ACH) direct deposit into your ba I checks. Your funds will be directly deposited into your a eposit, please fill out the form below. If you would like to lately 30 to 60 days for processing. Note that any incom	nk account. With direct deposit, you will receive y account within five business days of the check dal receive an email when funds are deposited, you re ect information provided may delay this timeline.	rour payment quickly, without te. must provide your email when
		* Required field		
Operator's Current	Record(s)	* Required field		
Operator's Current	Record(s) Name	* Required field	Phone	Email
Operator's Current Owner # 4295	Record(s) Name ZTEST-H	* Required field Address 100 STREET SUITE 100 HOUSTON, TX 77063 UNITED STATES OF AMERICA	Phone (111) 222-3333	Email

			EnergyLink Partner / Owner ZTEST-H (Revenue	e)	
			Check 24821 Mar 01, 2020		
			Electronic Payment (General)		
			(click to change)		
			Assigned User 🔮 📃 👻		
CompanyName	offers payment by Auto	mated Clearing H	ouse (ACH) direct deposit into your bank account. With d	lirect deposit, you will receive your p	payment quickly, without
the possibility of	f lost, delayed, or expired	checks. Your fun	ids will be directly deposited into your account within five	business days of the check date.	
To enroll, chang filling in this form	e, or cancel your ACH de n. Please allow approxim	posit, please fill o ately 30 to 60 da	out the form below. If you would like to receive an email w ys for processing. Note that any incorrect information pro-	hen funds are deposited, you must vided may delay this timeline.	provide your email when
-					
			* Required field		
Operator's Current	Record(s)				
Owner #	Name	Address		Phone	Email
4295	ZTEST-H	100 STRI SUITE 10 HOUSTO UNITED	EET 30 N, TX 77063 STATES OF AMERICA	(111) 222-3333	
Request Type *			Relationship to Owner *	Last 4 Digits of Owner Tax ID *	
New		~	``````````````````````````````````````	•	
			ABA/Bank Routing Number *	Name on Bank Account *	
Account Type *					
Account Type *		~			
Account Type *	hart	~	Email for Doumant Malifabilian	Upland Vaid Chaok Image 1	
Account Type *	ber *	~	Email for Payment Notification	Upload Void Check Image *	
Account Type *	ber "	~	Email for Payment Notification	Upload Void Check Image * Browse	
Account Type *	ber *	✓ By entering you	Email for Payment Notification	Upload Void Check Image * Browse	
Account Type *	ber *	By entering you     agree t	Email for Payment Notification r Electronic Signature you: to the Operator's Terms and Conditions	Upload Void Check Image * Browse	
Account Type *	ber *	By entering you	Email for Payment Notification  Ir Electronic Signature you: to the Operator's Terms and Conditions that you are authorized to update the information contained herein,	Upload Void Check Image * Browse	
Account Type *	ber*	By entering you     agree 1     certify     authori	Email for Payment Notification  Ir Electronic Signature you: to the Operator's Terms and Conditions that you are authorized to update the information contained herein, tee ZTEST-OPERATOR to update your account with the information terms.	Upload Void Check Image * Browse and n provided	
Account Type *	ber*	By entering you agree t certity authori Electronic Sign	Email for Payment Notification  Ir Electronic Signature you: to the Operator's Terms and Conditions that you are authorized to update the information contained herein, tee ZTEST-OPERATOR to update your account with the information tature *	Upload Void Check Image * Browse and n provided	

4. Enter your information into the form fields. (Required fields are marked with an \*Asterix.)

5. Check the boxes to agree to the Terms and Conditions and to authorize the changes being made, and then enter your Electronic Signature.

			19			
			Electronic Payment (click to change)	<u>(General)</u>		
			Assigned User 🤮	- [Me]		
CompanyName the possibility o	e offers payment by Autor f lost, delayed, or expired	nated Clearing H checks. Your fun	louse (ACH) direct deposit into your ban ads will be directly deposited into your ad	k account. With direct	deposit, you will receive your pay ness days of the check date.	yment quickly, without
To enroll, chang filling in this for	ge, or cancel your ACH de m. Please allow approxim	posit, please fill o ately 30 to 60 day	out the form below. If you would like to n ys for processing. Note that any incorrect	eceive an email when ct information provide	funds are deposited, you must pr d may delay this timeline.	ovide your email when
Operator's Current	Record(s)		* Required field			
Owner #	Name	Address	a		Phone	Email
4295	ZTEST-H	100 STR SUITE 10 HOUSTO UNITED	EET 00 IN, TX 77063 STATES OF AMERICA		(111) 222-3333	
Request Type *			Relationship to Owner *		Last 4 Digits of Owner Tax ID *	
New		~		~		
Account Type *			ABA/Bank Routing Number *		Name on Bank Account *	
		~				
Bank Account Num	nber *		Email for Payment Notification		Upload Void Check Image *	
					Browse	
	(	By entering you agree t certify authori Electronic Sign	Ir Electronic Signature you: to the Operator's Terms and Conditions that you are authorized to update the informati tize ZTEST-OPERATOR to update your accour nature *	on contained herein, and t with the information pro	vided	

6. Click "Submit" to send the form to the Operator.

Note: Changes submitted to the Operator will be based on their usual processing time to complete such updates.

Operator's Current Record(s)     Name     Address       Owner #     Name     Address       4295     ZTEST-H     100 STREET SUITE 100 HOUSTON, TX 77063 UNITED STATES OF AMERICA	ed heid	Phone	
Owner #         Name         Address           4295         ZTEST-H         100 STREET SUITE 100 HOUSTON, TX. 77063 UNITED STATES OF AMERICA		Phone	
4295 ZTEST-H 100 STREET SUITE 100 HOUSTON, TX 77063 UNITED STATES OF AMERICA			Email
		(111) 222-3333	
Request Type * Relationship to Owner *		Last 4 Digits of Owner Tax ID *	
New 🗸	~	•	
Account Type * ABA/Bank Routing Number *		Name on Bank Account *	
Bank Account Number * Email for Payment Notification		Upload Void Check Image *	
By entering your Electronic Signature you: agree to the Operator's Terms and Condi certify that you are authorized to update authorize ZTEST-OPERATOR to update Electronic Signature *	ons e information contained herein, a sur account with the information	and a provided	