

# Connecticut Interactive's CDB Payment system



## Instructions on how to:

- Login for the first time
- Edit Billing information
- Add or edit user information



This is the URL for the CDB Application web site.

Login to Your CDB Account

**Login:**

**Password:**

Login

[Forgot my password](#)

Enter the Login ID and temporary password your were provided. Then select "Login".



### USER PROFILE

#### Update User Info

You may edit your user profile information here.

Items marked \* are required. Please fill out the fields before clicking on Submit.  
Changing your password is optional.

**Login:** \*

**New Password:**  (Password should be at least 8 characters. Current strength requires at least one letter be upper case, one lower case, a numeric value and a special character.)

**Confirm Password:**

**First Name:** \*

**Last Name:** \*

**E-mail:** \*

---

#### Online Security Questions

\* Required: Please complete the three security questions with responses.

Enter a valid password and re-type it to confirm.

All responses must be greater than 5 characters.

Select 3 different security questions from the drop down lists.

Select "Submit" to save information and continue to Dashboard.



DASHBOARD

From the Dashboard select the "Customer" icon and the Customer Summary screen will be displayed.



### CUSTOMER SUMMARY

Home > Customers > Customer Summary

Select "Modify Customer" to edit your customer information.

#### Customer Information

<b>Customer Name:</b> Test LTC Facility	<b>Customer Number:</b> 1072
<b>Contact Name:</b> LTC	<b>Phone:</b> 8042400162
<b>Contact Email:</b> <a href="mailto:bscott@egov.com">bscott@egov.com</a>	<b>Secondary Phone:</b>
<b>Status Code:</b> Active	<b>Fax:</b>
<b>Date Activated:</b> 08/03/2015	<b>Customer Address:</b> 1 Con Plaza Hartford, CT 06103 USA
<b>NIC Customer:</b>	<b>Secondary NAICS Code:</b>
<b>Status Changed:</b> 08/03/2015	
<b>Primary NAICS Code:</b> Other Residential Care Facilities	

[Modify Customer](#)

#### Aging Information

Balance	0-30 Days	31-60 Days	61-90 Days	91-120 Days	121+ Days

#### Address Information

<b>Address 1:</b>	1 Con Plaza
<b>Address 2:</b>	
<b>City:</b>	Hartford
<b>State/Province:</b>	Connecticut
<b>Postal Code:</b>	06103
<b>Country:</b>	USA

#### Phone Information

<b>Phone:</b>	8042400162
<b>Secondary Phone:</b>	
<b>Fax:</b>	
<b>Mobile:</b>	
<b>Pager:</b>	
<b>Alternate Number 1:</b>	



Modify Customer

MODIFY CUSTOMER

Home > Customers > Customer Summary > Modify Customer

Customer Information

**Customer Name:** Test LTC Facility

**Customer ID:** 1072

**Create Date:** 08/03/2015

**NIC Customer:**

**Status Code:** Active

**First Name:** carl

**Last Name:** LTC

**Email:** bscott@egov.com

**Primary NAICS Code:** 623990 Other Residential Care Facilities [Click to Modify NAICS Code](#)

**Secondary NAICS Code:** [Click to Modify NAICS Code](#)

This field should always remain "Active".

The following section is optional, but if data is entered into this section the fields with an \* are required.

Address Information

**Address 1:** 1 Con Plaza

**Address 2:**

**City:** Hartford

**State/Province:** Connecticut

**County:** -- County --

**Postal Code:** 06103

**Country:** USA

The following section is optional, but if data is entered into this section the fields with an \* are required.

Phone Information

**Main:** 8042400162

**Secondary Phone:**

**Fax:**

**Mobile:**

**Pager:**

**Alternate Number 1:** **Description:**

**Alternate Number 2:** **Description:**

Remember that any field with an "\*" next to it is a mandatory field. Select "Submit" to save your information.

Back Submit



- General Information
- Billing Information**
- Users
- Pay Online

### CUSTOMER SUMMARY

Home > Customers > Customer Summary

#### Customer Information Modify Customer

<b>Customer Name:</b> Test LTC Facility	<b>Customer Number:</b> 1072
<b>Contact Name:</b> LTC carl	<b>Phone:</b> 8042400162
<b>Contact Email:</b> <a href="mailto:bscott@egov.com">bscott@egov.com</a>	<b>Secondary Phone:</b>
<b>Status Code:</b> Active	<b>Fax:</b>
<b>Date Activated:</b> 08/03/2015	<b>Customer Address:</b> 1 Con Plaza
<b>NIC Customer:</b>	Hartford, CT 06103
<b>Status Changed:</b> 08/03/2015	USA
<b>Primary NAICS Code:</b> Other Residential Care Facilities	<b>Secondary NAICS Code:</b>

Click on "Billing Information" to add or edit your companies credit card or bank account information.

#### Payment Information

Balance	0-30 Days	31-60 Days	61-90 Days	91-120 Days	121+ Days
---------	-----------	------------	------------	-------------	-----------

#### Address Information

<b>Address 1:</b> 1 Con Plaza
<b>Address 2:</b>
<b>City:</b> Hartford
<b>State/Province:</b> Connecticut
<b>Postal Code:</b> 06103
<b>Country:</b> USA

#### Phone Information

<b>Phone:</b> 8042400162
<b>Secondary Phone:</b>
<b>Fax:</b>
<b>Mobile:</b>



**BILLING INFORMATION**

Home > Customers > Customer Summary > Billing Information

Customer Information

Modify Customer

<b>Customer Name:</b> Test LTC Facility	<b>Customer Number:</b> 1072
<b>Contact Name:</b> LTC carl	<b>Phone:</b> 8042400162
<b>Contact Email:</b> <a href="mailto:bscott@egov.com">bscott@egov.com</a>	<b>Secondary Phone:</b>
<b>Status Code:</b> Active	<b>Fax:</b>
<b>Date Activated:</b> 08/03/2015	<b>Customer Address:</b> 1 Con Plaza
<b>NIC Customer;</b>	Hartford, CT 06103
<b>Status Changed;</b> 08/03/2015	USA
<b>Primary NAICS Code:</b> Other Residential Care Facilities	<b>Secondary NAICS Code:</b>

Billing Information

Modify Billing Information

**Apply Minimum Billing:** No

**Waive Surcharge:** No

**Waive Service Fee:** No

**Do Not Invoice:** No

**Is Prepay:** No

**Invoice Payment Terms:** 30

**Invoice Template:** Login Service By Day

These two buttons should never be used.

Invoice Delivery Method

Modify Invoice Delivery Method

**Invoice Type:** Emailed

Click this button to add a new credit card or bank account.

Billing Payment Options

- Credit Card	*1111	DEFAULT
<b>Credit Card:</b>	*1111	
<b>Card Expiration Date:</b>	03/2018	
<b>Card Type:</b>	Visa	
Lockbox	bscott@egov.com	

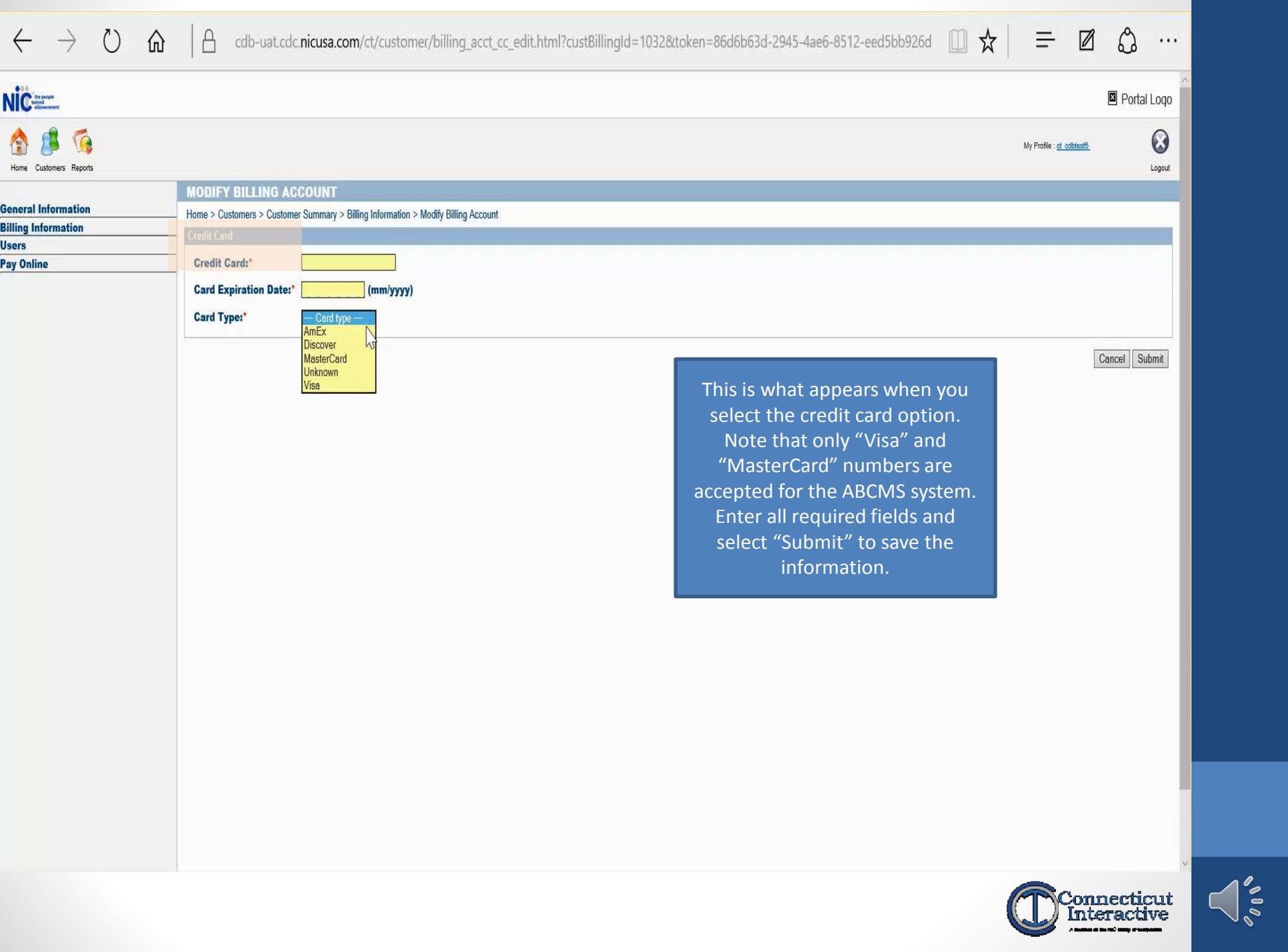
Use these buttons to edit or remove account information.

Add Billing Payment Option

- Credit Card
- ACH (US Only)

Delete Edit





## MODIFY BILLING ACCOUNT

Home > Customers > Customer Summary > Billing Information > Modify Billing Account

### Credit Card

Credit Card:\*

Card Expiration Date:\*  (mm/yyyy)

Card Type:\*   
    
 AmEx   
 Discover   
 MasterCard   
 Unknown   
 Visa

This is what appears when you select the credit card option. Note that only “Visa” and “MasterCard” numbers are accepted for the ABCMS system. Enter all required fields and select “Submit” to save the information.



### MODIFY BILLING ACCOUNT

Home > Customers > Customer Summary > Billing Information > Modify Billing Account

#### ACH Debit

**Routing Number:**

**Account Number:**

**Account Type:**

**Customer Type:**

**Bank Name:**

Its highly recommended that an Account Type be selected. Fill the other required fields. Once the fields have been entered click "Submit".

Cancel Submit

This is what appears when you select the "ACH" option.



### BILLING INFORMATION

Home > Customers > Customer Summary > Billing Information

#### Customer Information Modify Customer

<b>Customer Name:</b> Test LTC Facility	<b>Customer Number:</b> 1072
<b>Contact Name:</b> LTC carl	<b>Phone:</b> 8042400162
<b>Contact Email:</b> <a href="mailto:bscott@egov.com">bscott@egov.com</a>	<b>Secondary Phone:</b>
<b>Status Code:</b> Active	<b>Fax:</b>
<b>Date Activated:</b> 08/03/2015	<b>Customer Address:</b> 1 Con Plaza Hartford, CT 06103 USA
08/03/2015	<b>Secondary NAICS Code:</b>
Other Residential Care Facilities	

#### Modify Billing Information

<b>Waive Surchage:</b> No
<b>Waive Service Fee:</b> No
<b>Do Not Invoice:</b> No
<b>Is Prepay:</b> No
<b>Invoice Payment Terms:</b> 30
<b>Invoice Template:</b> Login Service By Day

#### Invoice Delivery Method Modify Invoice Delivery Method

**Invoice Type:** Emailed

#### Billing Payment Options Add Billing Payment Option

- Credit Card	*1111	DEFAULT	
<b>Credit Card:</b>	*1111		<span>Delete</span> <span>Edit</span>
<b>Card Expiration Date:</b>	03/2018		
<b>Card Type:</b>	Visa		

Select "Users" to add or edit user information.



### USERS

Home > Customers > Customer Summary > Users

Customer Information

**Customer Name:** Test

Total records: 6 page 1 of 1

Users					
Login	Name	Role	Email	Phone	Status
<a href="#">ct_cdbtest</a>	LTC Tester	Customer Admin	bscott@egov.com		Active
<a href="#">ct_cdbtest1</a>	CDB Test	Customer Admin	kayla.oquendo@egov.com		Active
<a href="#">ct_cdbtest2</a>	CDB Test2	Customer Admin	kayla.oquendo@egov.com		Active
<a href="#">ct_cdbtest3</a>	Cdb Test3	Customer Admin	kayla.oquendo@egov.com		Active
<a href="#">ct_cdbtest4</a>	CDB Test4	Customer Admin	kayla.oquendo@egov.com		Active
<a href="#">ct_cdbtest5</a>	CDB Test5	Customer Admin	kayla.oquendo@egov.com		Active

[Add User](#) [Add Multiple](#)

[First](#) | [Previous](#) | [Next](#) | [Last](#)

Click on a user to edit their information.

Click "Add User" to add a new user to your customer account.

A list of users will be displayed for the customer.

You can reset a user's password using these buttons.

Users can not be deleted for auditing purposes but you can restrict a user's access by clicking here to de-activate their account.

Home > Customers > Customer Summary > Users > Add User

Customer Information

Customer Name: Test LTC Facility

Customer Number: 1072

This is what you see when you select "ADD" or "EDIT" user.

Add User

ID:

Login: \* ct\_cdbtest6 (Login should be at least 5 alphanumeric characters.)

Password: \* xa#T!B!0260!#%@!X Generate (Password should be at least 8 characters. Current strength requires at least one letter be upper case, one lower case, a numeric value and a special character.)

First Name: \* Test user1 first

Last Name: \* Test User 1 Last

Email: \* bscott@egov.com

Status: \* Active  Must change password at next logon

To have the system create a temporary password select the "Generate" button.

To require the user to change their password when the first sign in check off this check box.

The following section is optional, but if data is entered into this section the fields with an \* are required.

Address Information

Address 1: \* 1 Con Plaza  
Address 2:  
City: \* Hartford  
State/Province: \* Connecticut  
Postal Code: \* 06103  
Country: USA

The following section is optional, but if data is entered into this section the fields with an \* are required.

Phone Information

Main: \* 8042400162  
Secondary Phone:  
Fax:  
Mobile:  
Pager:  
Alternate Number 1: Description:  
Alternate Number 2: Description:

Enter all required information designated by an "\*" and select "Submit" to save.

Cancel Submit



# On behalf of Connecticut Interactive - Thank You!

The family of NIC companies provides eGovernment solutions for more than 4,500 federal, state, and local agencies in the United States. Connecticut Interactive, LLC is the official eGovernment solutions' provider for the state of Connecticut. The company builds and manages interactive government services such as CDB on behalf of the state.

