



e-billexpress Payment Portal



Click the link below for the office you would like to make a payment for to be directed to the appropriate office Payment Portal:

Morrison-Maierle: <https://www.e-billexpress.com/ebpp/MMI/>

Morrison-Maierle Systems: <https://www.e-billexpress.com/ebpp/Systems/Login/Index>

Pay Now

- 1) Enter and confirm your 10-digit phone number (no special characters)
- 2) Complete the robot captcha

Click: Pay Now

Welcome to E-Bill Express from Morrison Maierle!

[LOGIN](#)

[PAY NOW](#)

Phone Number (Ex. #####)

4064441111

Confirm Phone Number (Ex. #####)

4064441111

 I'm not a robot

2



Pay Now

3

Client Information

Enter the following information:

- 1) Business Name
- 2) Business Phone Number
 - a) Select type of device
- 3) Email Address (for correspondence)
- 4) Payment Amount
- 5) Payment Method – Select the +Enter to add a payment method

This will open the Payment Method Window

- 6) Select the Bank Account or Card method for payment

*See Page 3 for
Bank Account Guidance*

*See Page 4 for
Credit/Debit Card Guidance*

Client Name

1 ABC Dental 

Phone

2 4064441111 a Telephone ▾

Email

3 dholland@m-m.net

4 Payment Amount

\$ 250.00

Payment Method

5 + Enter

Enter a Payment Method ×

Choose your preferred payment method to pay your bills.



BANK ACCOUNT



6



CREDIT OR DEBIT CARD



Bank Account Information

Enter the following information:

- 1) Account Type Select One:
 - a) Personal
 - b) Business
- 2) Banking Type Select One:
 - a) Checking
 - b) Savings
- 3) Name on Account
 - a) Enter Name affiliated
- 4) Routing Number
- 5) Account#
- 6) Re-enter Account#
- 7) Check Box: To agree to terms and enter Account
- 8) Click: Enter Account

Enter a Payment Method

Choose your preferred payment method to pay your bills.

 **BANK ACCOUNT**

Account Type 1

Banking Type 2

Name on the Account 3

Routing Number 4

WELLS FARGO BANK NA

Account # 5

Re-enter Account # 6

Pay to the Order of _____

⑆ 123456789 ⑆ 000123456 ⑆ 1111

Routing Number Account Number

Make sure to use your bank account number, not your ATM or Debit card number.

7 **Agree and Enter Account**

8

By selecting "Agree and Enter Account", you authorize the information you've provided on the above account to be used for creation of a charge to the account listed above. You also affirm that the information you provided is correct, that you are a signer on the account above and there are available funds to cover the amount of any transactions that you authorize.

Credit / Debit Information

Enter the following information:

- 1) Name on Card
- 2) Card Number
- 3) Card Expiration Date
- 4) Card Security Code
- 5) Address Information tied to the card
- 6) Check Box: To agree to terms and enter account
- 7) Click: Enter Account

Enter a Payment Method

Choose your preferred payment method to pay your bills.

 **BANK ACCOUNT** ▶

 **CREDIT OR DEBIT CARD** ▼

Full Name on Card

1

Card Number    

2

Expiration Date 3 **Security Code**  4

Country 5 **City**

Street Address **State**

Street Address Line 2 **ZIP Code**

By selecting "Agree and Enter Account", you authorize the information you've provided on the above account to be used for creation of a charge to the account listed above. You also affirm that the information you provided is correct, that you are a signer on the account above and there are available funds to cover the amount of any transactions that you authorize.

6 **Agree and Enter Account**

7 **Enter Account**

Additional Payment Info

Enter the following information:

The Client and Payment information will auto-fill

- 1) Invoice Number: Enter the Invoice number(s)
- 2) Project Number: Enter the Project Number(s)
- 3) Addtl Project# / Invoice#

**Additional Field if Needed*

- 4) Addtl Comments

**Additional Field if Needed*

- 5) Click: Continue to Payment

Home

Client Name

ABC Dental

Phone

4064441111

Telephone

Email

dholland@m-m.net

Payment Amount

\$

250.00

Payment Method

+ Enter

American Express *****0005

Security Code

Pay Date

3/22/2022

Invoice Number

33312

Project Number

9991230

Addtl Project #/Invoice

(optional)

Addtl Comments

(optional)

Continue to Payment

MESSAGES

View

Thank you for your payment.
Your business is greatly appreciated.

Verify Payment

Enter the following information:

- 1) Check the box to agree to the Terms and Conditions
- 2) Click: Make Payment

Verify Payment

PAYMENT SUMMARY

1 Invoice Number **\$250.00**

Payment Method [Enter](#)
American Express *****000

Security Code [?](#) **Payment Date**
***** 3/2

Payments confirmed before Tuesday, March 22, 2022 6:00 PM MST will be posted on Tuesday, March 22, 2022. Payments confirmed after Tuesday, March 22, 2022 6:00 PM MST will be posted on Wednesday, March 23, 2022.

Payment Terms & Conditions

These terms and conditions govern your use of the Internet Bill Presentment and Payment Service (the "Service"). As used in these Terms, the words "we," "us," and "our" refer to Wells Fargo Bank, N.A. (or its affiliate). The words "you" and "your" refer to you as the business entity accepting these Terms and using the Service. The words "you" and "your" also include any user you authorize to use the Service on your behalf.

1. Erroneous Instructions. If we receive a payment instruction authorized by you and the instruction is erroneous in any way, we shall have no obligation or liability for the error.

[?](#) Transaction Limitations. Please be aware that certain types of bank

[Print Terms and Conditions](#)

Client Name
ABC Dental

Email [?](#)
dholland@m-m.net

[Additional Information Label](#)

By checking this box you agree to the terms and conditions stated above.

1 By clicking the **Make Payment** button I, **Jane Smith**, confirm that today, Tuesday March 22, 2022, I am authorizing a one-time debit from my American Express account ending in *****0005 in the amount of 250.00 to be remitted to Morrison Maierle. This debit will occur on or after Tuesday, March 22, 2022.

If you have any questions regarding this transaction request, please call 406-442-3050.

2 **Make Payment**
[Cancel](#)

PAYMENT DETAILS [Export](#)

Invoice Number	Payment Amount
PHONE NUMBER (EX. #####) 4064441111	

Payment Confirmation & Enroll

1) Print Confirmation (if needed)

An email confirmation will also be sent

If you do not wish to create an account; please go to step 3

2) Enroll & Create Account

Enroll to create a login for recurring payments and save payment methods

*To continue to Enrollment
move to Page 8*

3) Log Out

Confirmation

Thank You! Your payment has been made.

 [Print Confirmation Page](#)

1

Payment Date	3/22/2022
Payment Method	American Express *****0005
Total Payment	\$250.00

ABC Dental

You have been provided a confirmation number. Please save this page for your records.

Payments confirmed before Tuesday, March 22, 2022 6:00 PM MST will be posted on Tuesday, March 22, 2022. Payments confirmed after Tuesday, March 22, 2022 6:00 PM MST will be posted on Wednesday, March 23, 2022.

If you have any further questions about payments to Morrison Maierle, please contact our office at 406-442-3050 .

Phone Number (Ex. #####)	Confirmation #	Payment Amount
4064441111	3100187257	\$250.00

2

[Enroll With Your Current Information](#)

[Return to Home](#)

3

[Log Out](#)

Profile

Enter the following information:

- 1) Client Name
- 2) Phone
 - a) Add additional telephone numbers if needed
- 3) Email
 - a) Add additional email addresses if needed
- 4) Click: Continue

Account Setup

PROFILE

LOGIN & PASSWORD

TERMS OF SERVICE

PAYMENT ACCOUNTS

Name

Client Name

1 

Contact Info

Phone

2

[Add Another Telephone Number](#)

Email

3

[Add Another Email Address](#)

4

Login

Enter the following information:

- 1) Login ID – Create a User ID
- 2) Password – Create and Re-Enter

Recommend creating a sentence for your password.

- 3) Select Image and provide a label for it
- 4) Enter your Security Questions
- 5) Click: Continue

Create an Account

Login ID

1

Password

2

Passwords must have at least 8 characters and have at least 3 of the following:

- 1 or more numbers
- 1 or more uppercase characters
- 1 or more lowercase characters
- 1 or more of these special characters *+~/=? ^_[]~!@\$

Passwords cannot include:

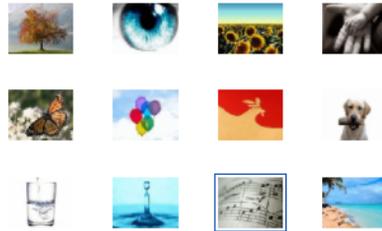
- the last 3 passwords
- your name
- your Login ID
- more than 3 repeating characters, numbers or special characters, such as AAAA, 2222 or !!!!
- more than 3 consecutive characters or numbers, such as aBcD or 4567
- the zero character at the start or end
- the word "password" (common dictionary words should be avoided)

Re-enter password, just to be sure

2

Choose a Security Image and give it a label

You'll see your selected security image and label in email notifications. When you see your image and label on a notification, you can be sure it is from us.



Give your image a label

3

Ex: Walk1NgonSunsh1ne

Choose Your Security Questions 4

We'll use these questions to help verify your identity if you forget your login credentials. Make sure you give answers that you can easily remember.

Question 1

Answer 1

Question 2

Answer 2

Question 3

Answer 3

Question 4

Answer 4

Question 5

Answer 5

[Go Back](#)

5

[Continue to Terms of Service](#)

Terms of Service

Enter the following information:

- 1) Terms of Service
Read and Click Box to Acknowledge
- 2) Click: Continue

Account Setup

✓ PROFILE

✓ LOGIN & PASSWORD

TERMS OF SERVICE

PAYMENT ACCOUNTS

Terms of Service

1



By clicking this box, you are enrolling in this service and have read and agree to the [Terms of Service](#) for this site.

[Go Back](#)

2

[Continue To Payment Accounts](#)

Payment Accounts

Select one of the following options

1) Bank Account

Go to Page 11 to complete enrollment

2) Credit / Debit Card

Go to Page 12 to complete enrollment

3) Add Later

4) Finish Enrollment

Account Setup

✓ PROFILE

✓ LOGIN & PASSWORD

✓ TERMS OF SERVICE

PAYMENT ACCOUNTS

Add A Payment Method

You may select a default payment method now. After enrollment you can manage your payment methods.

1



BANK ACCOUNT



2



CREDIT OR DEBIT CARD



3



ADD LATER



[Go Back](#)

4

Finish Enrollment

Add Payment - Bank Account

Enter the following information:

- 1) Account Type Select One:
 - a) Personal
 - b) Business
- 2) Banking Type Select One:
 - a) Checking
 - b) Savings
- 3) Account Nickname
 - a) Enter a Nickname for the Account
- 4) Name on Account
 - a) Enter Name affiliated with Bank Account
- 5) Routing Number
- 6) Account# - Enter and Re-enter
- 7) Check Box: Agree to Terms
- 8) Click: Finish Enrollment

Account Setup

- ✓ PROFILE
- ✓ LOGIN & PASSWORD
- ✓ TERMS OF SERVICE
- PAYMENT ACCOUNTS**

Add A Payment Method

You may select a default payment method now. After enrollment you can manage your payment methods.

BANK ACCOUNT

Account Type 1
Personal Business

Banking Type 2
Checking Account Savings Account

Give This Account a Nickname 3
Business Checking

Name on the Account 4
ABC Dental

Routing Number 5
122000247
WELLS FARGO BANK NA

Account # 6
1234567890

Re-enter Account #
1234567890

Pay to the Order of _____

⑆ 123456789 ⑆ 000123456 ⑆ 1111
Routing Number Account Number

Make sure to use your bank account number, not your ATM or Debit card number.

7 Agree and Add Account

CREDIT OR DEBIT CARD

ADD LATER

[Go Back](#)

[Finish Enrollment](#)

Credit / Debit Information

Enter the following information:

- 1) Create a Nickname
- 2) Name on Card
- 3) Card Number
- 4) Card Expiration Date
- 5) Card Security Code
- 6) Address Information tied to the card
- 7) Check Box: To Agree to Terms
- 8) Click: Finish Enrollment

Account Setup

- ✓ PROFILE
- ✓ LOGIN & PASSWORD
- ✓ TERMS OF SERVICE
- PAYMENT ACCOUNTS**

Add A Payment Method

You may select a default payment method now. After enrollment you can manage your payment methods.

 **BANK ACCOUNT** ▶

 **CREDIT OR DEBIT CARD** ▼

Give This Account a Nickname

1

Full Name on Card

2

Card Number    

3

Expiration Date **Security Code** [?](#)

4 5

By selecting 'Agree and Add Account', you authorize the information you've provided on the above account to be used for creation of a charge to the account listed above. You also affirm that the information you provided is correct, that you are a signer on the account above and there are available funds to cover the amount of any transactions that you authorize.

7 **Agree and Add Account**

Country **City**

Street Address **State**

Street Address Line 2 **ZIP Code**

6

ADD LATER ▶

[Go Back](#)

8 [Finish Enrollment](#)

Account Confirmation

- 1) A new page will confirm the account has been set up
- 2) An email with an activation button will also be sent to finalize the account creation.

Your Account is Set Up!

Activate Your Account

We've sent an activation link to dholland@m-m.net. Click the link in the email to validate your email address and activate your account with us. If you don't see an email from us, check your "Spam" or "Junk" folders.

After activating your account, click here to login

[Account Login](#)

Resend Activation Email

Didn't get our email? We can resend it to the Email on file or an alternate address.

[Resend Email to dholland@m-m.net](#)

Send Email to another Email Address

Alternate Address

[Send Activation Email](#)

Please activate your Morrison Maierle account.



E-billexpress@E-billexpress.com
To

[Reply](#) [Reply All](#) [Forward](#) [...](#)

Tue 3/22/2022 9:22 AM

This message originated from an External Source. Please use proper judgment and caution when opening attachments, clicking links, or responding to this email.

My Selected Image: My Image Label: Notes My Phone Number (Ex. #####): 4064441111

Please click on the button below to activate your Morrison Maierle Account.

[activate](#)

[Button not working? If so, click here.](#)

Please DO NOT reply to this email. This email message was sent from a notification address that cannot accept incoming email.

To contact us, [click here](#) and review the Contact Us section on our web site.



Your Morrison Maierle account has been activated!

Your Morrison Maierle account has been activated!

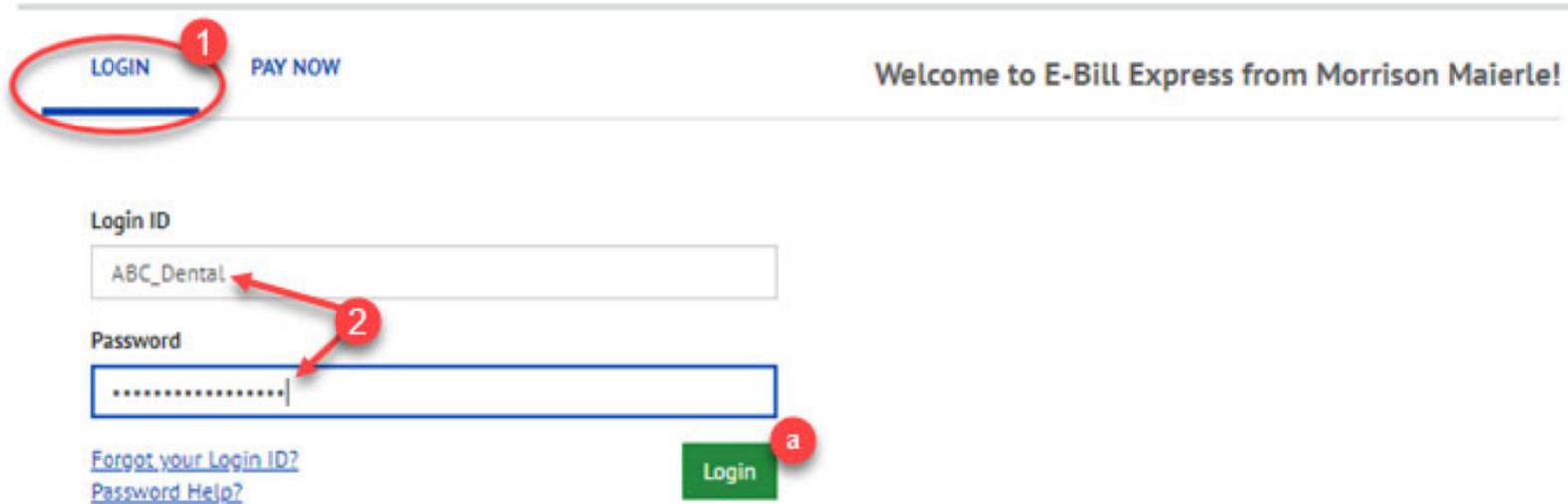
To log in to your account, click [here](#).

[Continue](#)

Account Login

Enter the following information:

- 1) Select the Login Tab
- 2) Enter your Id and Password
 - a) Click: Login



The screenshot shows the top navigation bar with a 'LOGIN' tab circled in red and labeled with a red '1'. To its right is a 'PAY NOW' link. The main heading reads 'Welcome to E-Bill Express from Morrison Maierle!'. Below this is the login form. The 'Login ID' field contains 'ABC_Dental' and is pointed to by a red arrow labeled '2'. The 'Password' field is filled with dots and also pointed to by a red arrow labeled '2'. Below the password field are two links: '[Forgot your Login ID?](#)' and '[Password Help?](#)'. A green 'Login' button is located to the right of the password field, with a red circle containing the letter 'a' next to it.

Homepage

From the Homepage a user can:

- 1) Make a Payment
- 2) See Payment History
- 3) Set Up Auto Pay
- 4) Manage Account / Log Out

Home

Phone Number
(Ex. #####)

4064441111

Payment Amount ¹

\$

Payment Method ³ [Add](#)

Business Checking WELLS FARGO BANK NA *****7890

Pay Date

3/22/2022

Invoice Number

Project Number

(optional)

Addtl Project #/Invoice #

(optional)

Addtl Comments

(optional)

[Continue to Payment](#)

Previous Payments

Confirmation #	Payment Method	Payment Date	Total Amount	Status
3100187257	Card	3/22/2022	250.00	Processing ✕

- Profile Settings ⁴
- Payment Accounts
- Un-Enroll Your User Profile
- Change Password
- Log Out

AUTOPAY ³ [Add](#)

Recurring Payments

- 1) Select: Auto Pay
 - a) Create New Recurring Payment
- 2) Select a Payment name
- 3) Select a Phone Number tied to Transaction
- 4) Click: Continue

AutoPay

Recurring Payment

[+ Create New Recurring Payment](#)

Recurring Payment Setup

[PAYMENT INFO](#)[SCHEDULE](#)[PAYMENT METHOD](#)[AUTHORIZATIONS](#)

Payment Name 2

Select Phone Number (Ex. #####) 3

Recurring Payment for Phone Number (Ex. #####) 4064441111

Recurring Payment will begin following the first billing cycle after you have set up the Recurring Payment (which could be up to 30 days). Continue to pay as usual until you receive an email notifying you the Recurring Payments are being processed.

[Continue](#) 4

Payment Schedule

- 1) Select the Payment Frequency
 - a) Enter Start Date
- 2) Enter Recurring Amount
- 3) Select Payment Commitment
 - a) Enter End Date (if applicable)
- 4) Click: Continue

Recurring Payment Setup

- [PAYMENT INFO](#)
- [SCHEDULE](#)
- [PAYMENT METHOD](#)
- [AUTHORIZATIONS](#)

When would you like to make your payment?

1

Day of the Month Bi-Weekly Weekly Quarterly Semi-Annually Annually

Select a valid starting date using the calendar

4/1/2022

Recurring Payment will execute on the specific date of the month that was selected during setup.

Payment Amount

Fixed Amount

Pay \$ 400.00 each time.

Recurring Payment will pay a specific amount.

Keep Making This Payment Until

3

I Stop The Payment Number of Payments Specific Date

The Recurring Payment will continue until it is cancelled.

[Go Back](#)

Payment Schedule

- 1) Enter the Bank Account or Card Payment information
- 2) Click: Add

BANK ACCOUNT 1

Account Type

Banking Type

Give This Account a Nickname

Name on the Account

Routing Number

WELLS FARGO BANK NA

Account #

Re-enter Account #

Pay to the Order of _____

⑆ 123456789 ⑆ 000123456 ⑆ 1111

Routing Number Account Number

Make sure to use your bank account number, not your ATM or Debit card number.

By selecting "Agree and Add Account", you authorize the information you've provided on the above account to be used for creation of a charge to the account listed above. You also affirm that the information you provided is correct, that you are a signer on the account above and there are available funds to cover the amount of any transactions that you authorize.

Agree and Add Account

CREDIT OR: DEBIT CARD 2

Give This Account a Nickname

Country

City

Full Name on Card

Street Address

State

Card Number    

Street Address Line 2

ZIP Code

Expiration Date

Security Code ⓘ

By selecting "Agree and Add Account", you authorize the information you've provided on the above account to be used for creation of a charge to the account listed above. You also affirm that the information you provided is correct, that you are a signer on the account above and there are available funds to cover the amount of any transactions that you authorize.

Agree and Add Account

Finalize AutoPay Payment

1) Check box to Authorize Billing Information

2) Click: Finish

This will complete the setup

3) Click: AutoPay to review and/or edit the recurring payments

4) Select Review/Edit/Delete

Recurring Payment Setup

[PAYMENT INFO](#) [SCHEDULE](#) [PAYMENT METHOD](#) **AUTHORIZATIONS**

Billing Authorization

[Print Authorization](#)

I authorize Morrison Maierle to automatically initiate entries to my financial account listed above in this authorization, for payments to my Morrison Maierle account 4064441111 at the stated times listed above.

I further authorize the Financial Institution to accept these debit entries as valid debit activities under my account. Proof of the payment will appear on my financial account statement as one charge to Morrison Maierle. My authorization will remain in effect for the length of time stated above or until I cancel it online and give Morrison Maierle a reasonable opportunity to act.

Your Recurring Payment will be initiated and a payment made either after an invoice is rendered, or on a date selected during setup. In the event that no invoice is rendered or the date you select is prior to the posting of an invoice (except for specific date for a fixed amount which doesn't need a new invoice rendered), then the Debitment Document will not be made. We are not responsible for a

By checking this box you agree to the terms and conditions stated above.

[Go Back](#) [Finish](#)

AutoPay

Recurring Payment

MONTHLY SERVICES

[Review/Edit/Delete](#)

Paid on Account 4064441111
Paid on the 1st of the Month