Create a TOGA Wallet Account

Use TOGA account to pay fees in courts operating on Odyssey

Filers who need to submit filing fees when either initiating a new case or submitting payment for document fees, must have a **TOGA** payment account configured in the eFiling system to pay for filing fees.

Each attorney must configure a payment account under their efiling username name. The payment account must be configured by the user who has the eFiling account.

Wallet accounts are the only means of paying court fees for district court filings incurring a fee when a fee waiver is not appropriate. Without a payment method, filings incurring court fees cannot be submitted to district courts.

The transaction fees that are associated with the payment options are as follows: 2.39% for credit card transactions and \$0.25 per e-check transaction. Acceptable Credit cards: Visa, Discover, and Mastercard.

To configure a new payment account, log in to the eFiling system.

Go to **My Profile** from the menu. Select **My Profile** from the My Profile drop-down menu option.



The User Profile page will open. Scroll down the page to the section that says **Wallets DISTRICT COURTS - TOGA.** Select the **Add** button.



Enter the Description of the payment account in the **Description** field. This is a free form text field that the user will use to identify the payment account. Example: Susie's Visa. Select the **Add** button.

Wallets DISTRICT COURTS - TOGA	Add	
	Description Card Add]

You will be redirected to the TOGA E-payment website. Select the **Method of Payment** account you will configure by selecting the radio button next to the appropriate account type.

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Payment Inform	nation	1
	Method of Payment Credit Card e-Check	

1) Credit Card configuration

- A. **Populate all necessary fields** regarding the credit card information. Fields denoted with asterisks are required to be populated.
- B. Select the **Continue** button when all information has been entered.

01	1	
	Method of Payment © Credit Card O e-Check	
	Cardholder Information Enter the information as it appears on the Cardholder Account. The fields marked with a red as	terisk (*) are required fields.
	Card Type	MasterCard •
	Card Number	5454545454545454 *
	Exp Month	12 * Exp Year 2028 *
	CVV Code	123 * CW Help
	Name on Card	Testing Attorney * Maximum of 30 characters
	Address Type	US O Foreign
	Address Line 1	444 4th Street Street address, RO. box, company name, c/o
	Address Line 2	Apartment, suite, unit, building, floor, etc.
	City	Торека
	State	KANSAS 🗸
	Zip Code	66547
		Continue

C. Verify Billing Information. Once the information has been verified as correct, select the **Save Information** button. If the information needs to be modified, select the **Back** button to correct the information. (Do not use the browser back arrow.)

Billing Detail	
Card Type	MASTERCARD
Card Number	**********5454
Exp Date	12/28
CVV Code	888
Name on Card	Testing Attorney
Address Type	US
Address Line 1	444 4th Street
Address Line 2	
City	Topeka
State	KS
Zip Code	66547
Terms and Conditions This is a confidential and secure site that does not disseminate confidential information to third parties. The effect authorizing the processing of this transaction.	tive date of the payment is the date that it is submitted. By selecting the Process Payment button you are

D. Once the information has been saved, you will be directed back to the User Profile screen. The newly created TOGA Wallet Account will be displayed.

JUE	DICIAL	BRAN(electr	CH onic filir	ng	5	efiling
Home	eFile	Cases	My Profile	Log Out		user: Testing Attorney
User Profile						·····,
User Profi	le					
Testing Atto	rnev					
User Name:	FI.84	570				
Organization	: ATTO	RNEYS				
Bar Number:	84570)				
User Identifie	er:					
Phone:						
Fax:						
EMail:	testin	g@testing.com				
1st Alternate	EMail:					
2nd Alternate	e EMail:					
Address:	301 s Topek US	w 10th Ave a, KS 66612				
Role:	Attor	ney				
Date Approve	ed: Not A	vailable				
Expiration Da	ite:					
Lockout Date	:					
Modify User P	Profile Change F	Password				
Wallets						
DISTRICT O	OURTS - TOG	A	Add			
Item Descri	ption	Action	_			
Card	Modify D	escription Del	ete			

- E. The Credit Card Account configuration is complete.
- F. Select Home from the Menu bar to return to main page.

- 2) E-Check Configuration follow same instructions as Credit except select Method payment as of e-Check
 - A. **Populate all necessary fields** regarding the e-Check account information. Fields denoted with asterisks are required to be populated.
 - B. Select the **Continue** button when all information has been entered.

n	
Method of Payment O credit Card ® e-Check	
Account Holder Information Enter the information as it appears on the Account. The fields marked with a red asterisk (*) are req	uired fields.
Account Type	Checking 🗸 *
Account Number	123456789 *
Verify Account Number	123456789 *
Routing Number	987654321 * Routing Number Help
Verify Routing Number	987654321 *
Verify Kouchig Humber	Tacting Attorney *
Name on Account	Maximum of 30 characters
Address Type	●US ○Foreign
Address Line 1	444 4th Streed * Street address, RO. box, company name, c/o
Address Line 2	Apartment, suite, unit, building, floor, etc.
City	Topeka *
State	KANSAS 🗸
Zip Code	66547
	Continue

C. Verify Billing Information. Once the information has been verified as correct, select the Save Information button. If the information needs to be modified, select the Back button to correct the information. (Do not use the browser back arrow.)

tion	
Billing Detail Account Type	Checking
Account Number	*****6789
Routing Number	987654321
Name on Account	Testing Attorney
Address Type	US
Address Line 1	444 4th Street
Address Line 2	
City	Topeka
State	KS
Zip Code	66547
Terms and Conditions This is a confidential and secure site that does not disseminate confidential information to third parties. The effective authorizing the processing of this transaction.	e date of the payment is the date that it is submitted. By selecting the Process Payment button you are

D. Once the information has been saved, you will be directed back to the User Profile screen. The newly created TOGA Wallet Account will be displayed.

JUD	ICIAL	BRAN	CH onic filin	ng		efiling
Home	eFile	Cases	My Profile	Log Out		user: Testing Attorney
User Profile						
User Profil	e					
Testing Attor	ney					
User Name:	FI.84	570				
Organization:	ATTO	RNEYS				
Bar Number:	8457	0				
User Identifier	r:					
Phone:						
Fax:						
EMail:	testir	ng@testing.com				
1st Alternate I	EMail:					
2nd Alternate	EMail:					
Address:	301 s Tope US	sw 10th Ave ka, KS 66612				
Role:	Atto	rney				
Date Approve	d: Not A	Available				
Expiration Dat	e:					
Lockout Date:						
Modify User Pr	ofile Change	Password				
Wallets					•	
DISTRICT CO	OURTS - TOG	A	Add			
Item Descrip	tion	Action	_			
Card	Modify [Description Dele	ete			
Checking	Modify [Description Dele	ete			

- E. The e-Check Account configuration is complete.
- F. Select Home from the Menu bar to return to main page.

- 3) If you need to delete a TOGA Wallet account, select the **Delete** button next to the account on the Modify Account Settings screen.
- 4) If you need to modify the name of the TOGA account, select the **Modify Description** button.

Wallets DISTRICT COURT	S - TOGA	Add
Item Description	Action	
Card	Modify Description	Delete
Checking	Modify Description	Delete

5) If you need to modify the account information, you will need to delete the account and reconfigure a new account.