

E-Link Login

Please enter User ID and Password.

(Don't have one? [Click Here to Sign Up!](#))

User ID:

Password:

[>Forgot your password?](#)

[>What is E-Link?](#)

Warning

This system may contain U.S. Government information, which is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code, Section 1030, and may subject the individual to Criminal and Civil penalties pursuant to Title 26, United States Code, Sections 7213, 7213A (the Taxpayer Browsing Protection Act), and 7431. This system and equipment are subject to monitoring/auditing to ensure proper performance of applicable security features or procedures. Such monitoring/auditing may result in the acquisition, recording and analysis of all data being communicated, transmitted, processed or stored in this system by a user. If monitoring/auditing reveals possible evidence of criminal activity, such evidence may be provided to Law Enforcement Personnel.

ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH
MONITORING/AUDITING.

[>Continue](#) [>Cancel](#)

Account Status

The following is a list of your requested accounts and the status of the account.

If your account is approved click on your company name to enter your access key.

Account	Account Status
Adams Automotive, Inc.	Approved

- > [Click here to request another account](#)
- > [ePortal Home](#)
- > [What is E-Link?](#)

Main Menu

The Links above are described below:

Company Information

This link will allow you to add, view and edit your company's information, such as company contact, company email, banking, and phone and fax numbers.

Employee Information

This link will allow you to add, view and edit information for employee's child support obligations.

Automatic Withdrawal

This link will allow you to add, view and discontinue the automatic withdrawal information.

Message Center: You have 0 messages (0 New)

Company Information Menu

Select the Company Information you wish to View/Edit

- [Where Do Your Employees Work?](#)

Please indicate here whether or not you provide medical health insurance for your employees and their dependents



- [Where Can We Send Requests for Information?](#)
- [What Insurance Plans Do You Offer Your Employees?](#)
- [Set Your Company Up for Automatic Withdrawal](#)

Message Center: You have 0 messages (0 New)

Company - Physical Addresses

Please enter a Physical Work Location for your company.
(Where do your employees work?)

[>Add New Physical Location](#) [>Support Addresses](#)



RIO RANCHO, NM 87124
UNITED STATES OF AMERICA

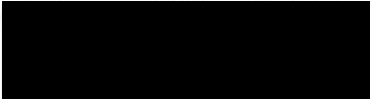
Contact


OFFICE MANAGER
eMail: 
Tel: (505) 
Fax: (505) 

Insurance Provided: No

Suppress Instructions for
National Medical Support Notices: No

[>Edit Address](#) [>Delete Address](#)


RIO RANCHO, NM 87124-2668

Contact

eMail:
Tel: () -
Fax: () -

Insurance Provided: No

Suppress Instructions for
National Medical Support Notices: No

[>Edit Address](#) [>Delete Address](#)

Company - Support Addresses

Where can we request information regarding payroll information, verification of employment, workers compensation and legal information?

You currently have no assigned support addresses.

- >[I want to add a new Support Address](#)
- >[I want to assign Support Address Roles](#)
- >[I want to view my existing Physical Addresses](#)

Company - Add/Edit Address Support

* Is this a P. O. Box? No Yes

Is insurance available for employees and their dependents at this location? Yes No

Would you like to suppress National Medical Support Notice instructions for this location so that you don't receive instructions for future notices? Yes No

* Address NickName:

* Company Name:

* Address Line 1:

Address Line 2:

Address Line 3:

* City:

* State:

* Zip Code: -

Company County:

* Company Country:

* Contact First Name:

* Contact Last Name:

Company - Insurance Plans

What insurance plans do you offer your employees?

You do not have any insurance plans on file. Please click below to add a plan.

[>Add Insurance Plan](#)

Company - Add/Edit Insurance Plan

* Insurance Plan Name:

* Group Number:

* Carrier:

* Insurance Type:

* Plan Type:

* Address Line 1:

Address Line 2:

Address Line 3:

* City:

* State:

* Zip Code: -

* Country:

* Phone: - - ext.

Company - Bank Accounts

What bank account(s) do you want to use for electronic funds transfer (EFT)?

[>Add Bank Account](#) [>Auto Withdrawal Report](#)

Redline Mechanical

Bank: WELLS FARGO

Account Type: Checking

Account Number: [REDACTED]

Routing Number: [REDACTED]

Status: Active

[>Edit Account](#) [>Delete Account](#)

Redline Mechanical

Bank: WELLS FARGO

Account Type: Checking

Account Number: [REDACTED]

Routing Number: [REDACTED]

Status: Active

[>Edit Account](#) [>Delete Account](#)

Wells Fargo

Bank: Wells Fargo

Account Type: Checking

Account Number: [REDACTED]

Routing Number: [REDACTED]

Status: Pending

[>Edit Account](#) [>Delete Account](#)

Auto Withdrawals Scheduled Report

Account#: [REDACTED]

Employee	Amount	Frequency	Case #	Next Withdrawal
[REDACTED]	\$130.15	Biweekly	[REDACTED]	1/24/2020
[REDACTED]	\$173.08	Biweekly	[REDACTED]	1/24/2020
[REDACTED]	\$553.85	Biweekly	[REDACTED]	1/24/2020
[REDACTED]	\$176.27	Biweekly	[REDACTED]	1/24/2020
[REDACTED]	\$180.46	Biweekly	[REDACTED]	1/24/2020
[REDACTED]	\$223.78	Biweekly	[REDACTED]	1/24/2020
[REDACTED]	\$553.85	Biweekly	[REDACTED]	
[REDACTED]	\$130.62	Biweekly	[REDACTED]	1/24/2020