

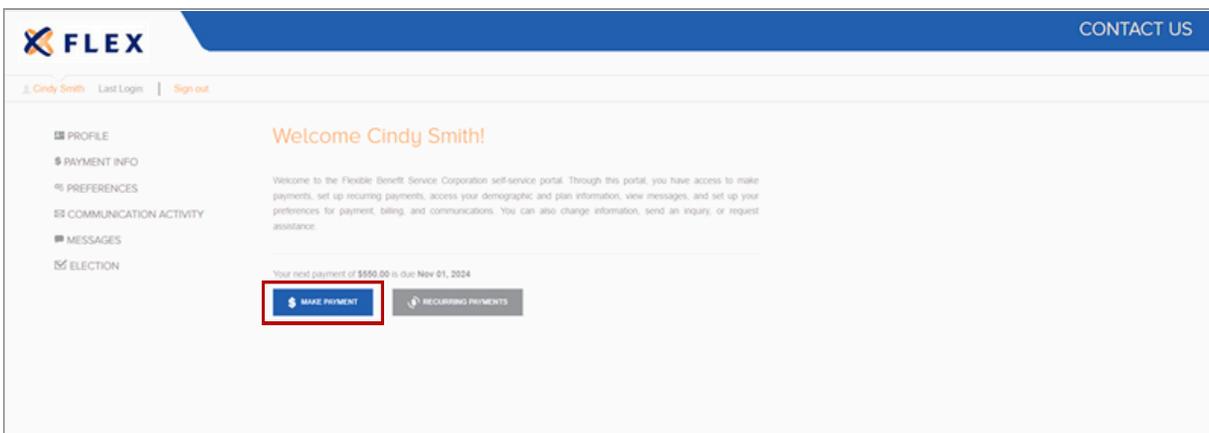


ACH Payment Set Up Guide

How to set up ACH and recurring payments on the Flex Direct Bill Portal

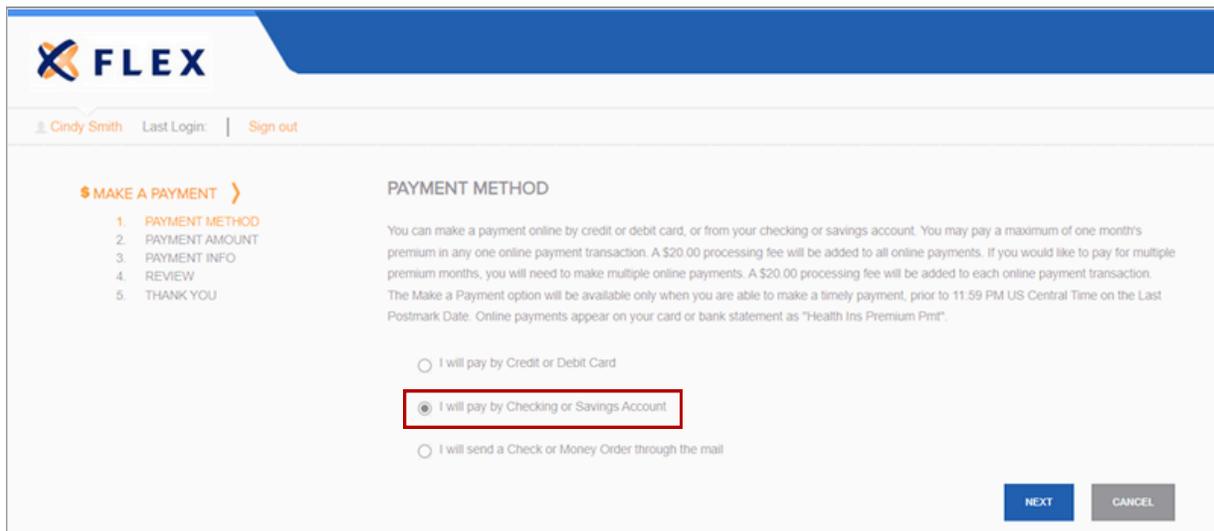
Step 1:

Select **Make Payment** from the Home Screen



Step 2:

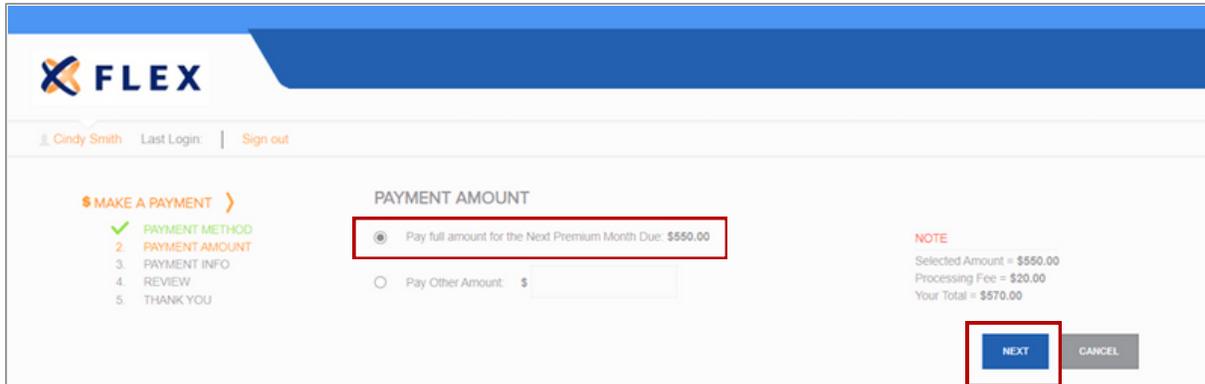
Select the **I will pay by Checking or Savings Account** option from the **Payment Methods** listed. (Please note, there is a \$20 fee for making a one-time payment by credit card.)



Questions? Call us at 888-345-7990, Option 3

Step 3:

Select **Pay full amount for the Next Premium Month Due** and click **Next**.



FLEX

Cindy Smith Last Login: Sign out

MAKE A PAYMENT

- ✓ PAYMENT METHOD
- 2 PAYMENT AMOUNT
- 3 PAYMENT INFO
- 4 REVIEW
- 5 THANK YOU

PAYMENT AMOUNT

Pay full amount for the Next Premium Month Due: \$550.00

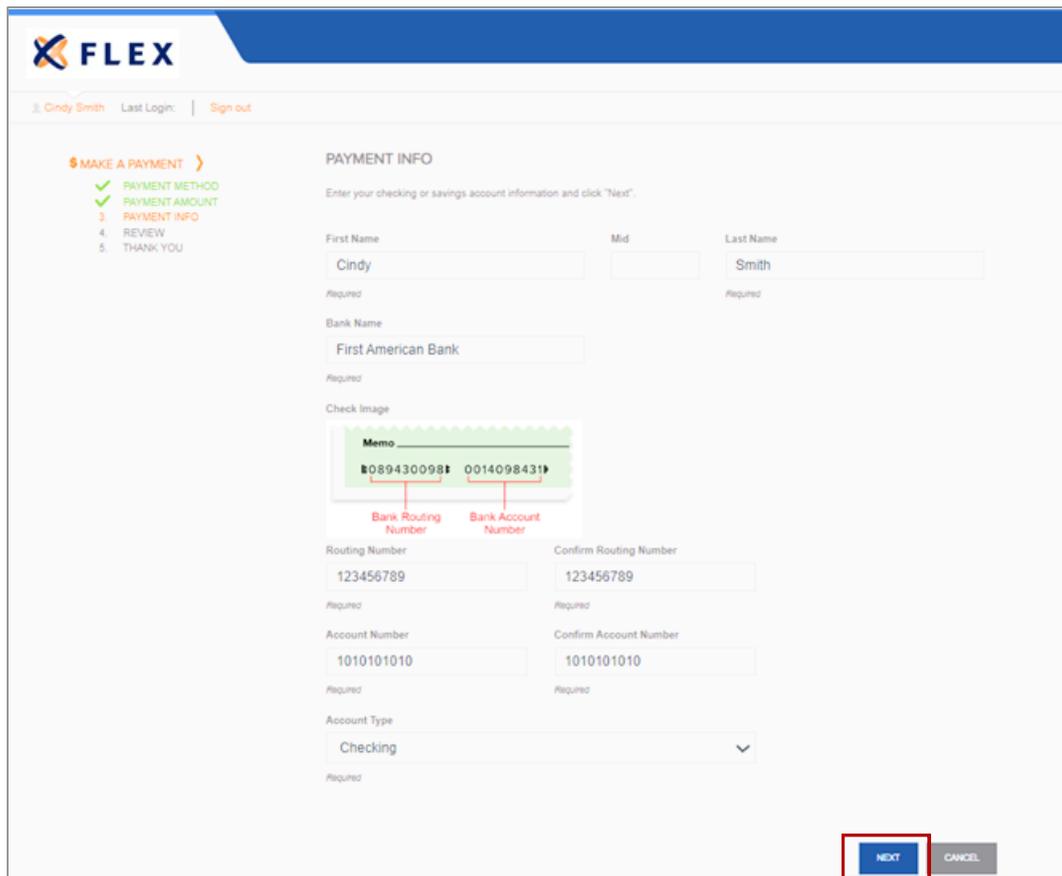
Pay Other Amount: \$

NOTE
Selected Amount = \$550.00
Processing Fee = \$20.00
Your Total = \$570.00

NEXT CANCEL

Step 4:

Add your banking information as requested and click **NEXT**.



FLEX

Cindy Smith Last Login: Sign out

MAKE A PAYMENT

- ✓ PAYMENT METHOD
- ✓ PAYMENT AMOUNT
- 3 PAYMENT INFO
- 4 REVIEW
- 5 THANK YOU

PAYMENT INFO

Enter your checking or savings account information and click "Next".

First Name: Cindy Mid: Last Name: Smith

Bank Name: First American Bank

Check Image: Memo 089430098 0014098431

Routing Number: 123456789 Confirm Routing Number: 123456789

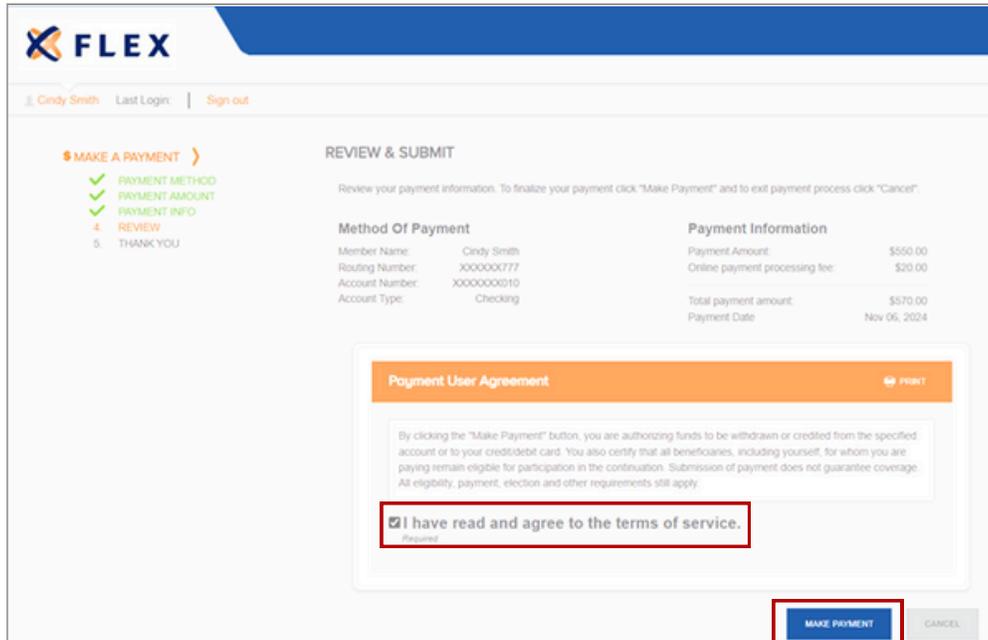
Account Number: 1010101010 Confirm Account Number: 1010101010

Account Type: Checking

NEXT CANCEL

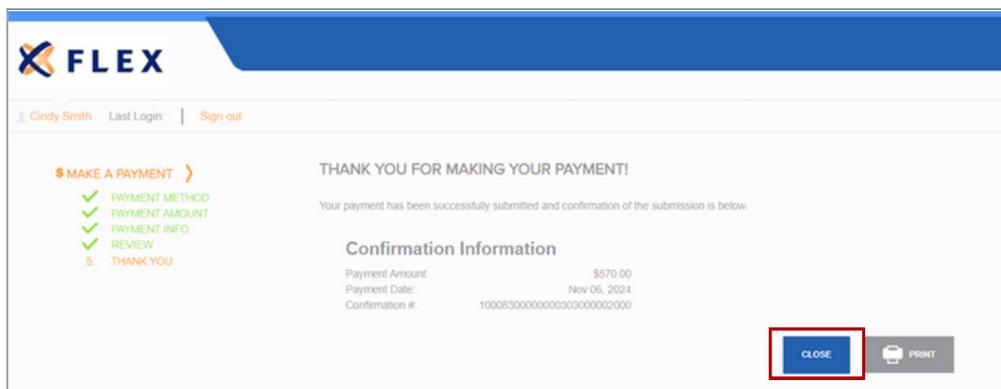
Step 5:

Review the **Payment User Agreement**, check the box to agree to the **Terms of Service**, and click **Make Payment**.



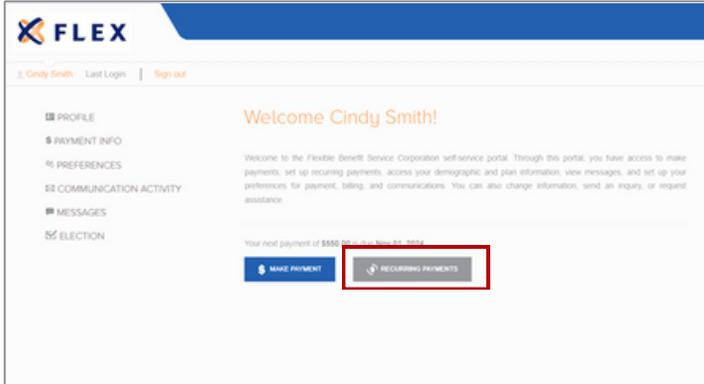
Step 6:

You will receive payment confirmation as indicated in the screenshot below. Click **Close**.



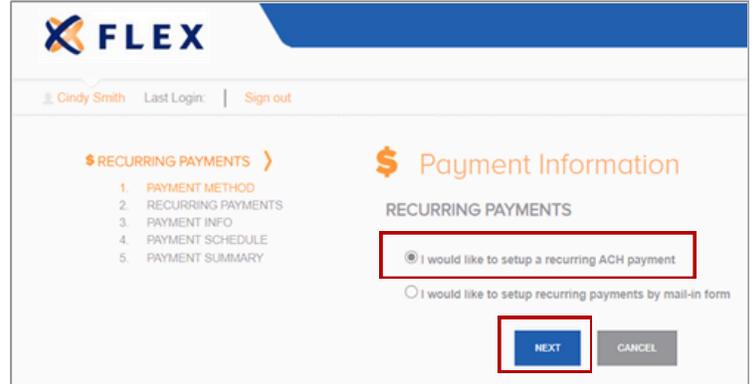
Step 7:

To set up Recurring Payments, select **Recurring Payments**.



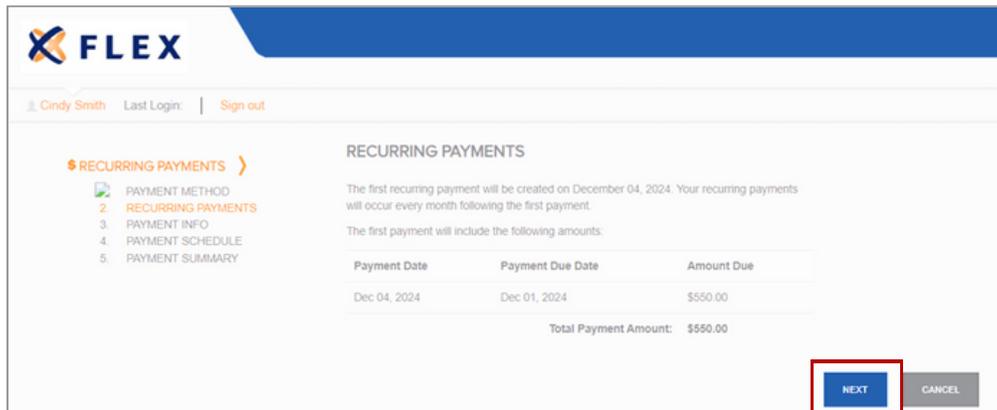
Step 8:

Select **I would like to set up a recurring ACH payment** and click **NEXT**.



Step 9:

Review your payment information and click **NEXT**.



Step 10:

Review your **Recurring Payment Schedule** and click **NEXT**.

RECURRING PAYMENTS >

- ✓ PAYMENT METHOD
- ✓ RECURRING PAYMENTS
- ✓ PAYMENT INFO
- 4. PAYMENT SCHEDULE
- 5. PAYMENT SUMMARY

RECURRING PAYMENT SCHEDULE

Your first recurring payment scheduled for December 04, 2024 will be in the amount of \$550.00.

Payment Date	Payment Due Date	Amount Due
Dec 04, 2024	Dec 01, 2024	\$550.00
Jan 03, 2025	Jan 01, 2025	\$550.00
Feb 04, 2025	Feb 01, 2025	\$550.00
Mar 04, 2025	Mar 01, 2025	\$550.00
Apr 04, 2025	Apr 01, 2025	\$550.00
May 02, 2025	May 01, 2025	\$550.00
Jun 04, 2025	Jun 01, 2025	\$550.00
Jul 04, 2025	Jul 01, 2025	\$550.00
Aug 04, 2025	Aug 01, 2025	\$550.00
Sep 04, 2025	Sep 01, 2025	\$550.00

Page 1 of 3

NEXT
CANCEL

Step 11:

Review your **Recurring User Agreement**, check the box to agree to the **Terms of Service**, and click **SUBMIT**.

RECURRING PAYMENTS >

- ✓ PAYMENT METHOD
- ✓ RECURRING PAYMENTS
- ✓ PAYMENT INFO
- ✓ PAYMENT SCHEDULE
- 5. PAYMENT SUMMARY

RECURRING PAYMENT SUMMARY

To finalize the setup of your recurring payments, please review the payment information below and click "SUBMIT". In order for the first and subsequent recurring payments to be processed, the account must be paid through the current period at the time the recurring payment is setup. This can be done by mailing a check or money order or making a one-time online checking/savings or credit/debit payment. Please be sure to confirm when your recurring payment will begin before stopping other payment methods to ensure you remain current.

Method Of Payment

Member Name: Cindy Smith
 Bank Name: First American Bank
 Account Holder Name: Cindy Smith
 Routing Number: XXXXXX777
 Account Number: XXXXXX789
 Account Type: Checking

PLEASE READ THIS AGREEMENT CAREFULLY. IT GOVERNS YOUR ACCESS TO AND USE OF THE APPLICATION and the services and materials provided on the Application. In the agreement below and in our Privacy Policy, the terms "we" and "us" refer to FlexibleBenefitServiceCorp.

Recurring Payment User Agreement PRINT

I authorize Flexible Benefit Service Corporation ("Company") to initiate a debit from my checking or savings account or a charge to my debit or credit card (a "payment transaction") for my recurring scheduled payment, agree that the payment transactions I am authorizing comply with applicable law. If the required premium payment changes for any reason, this authorization may be automatically amended to authorize a payment transaction of the amount equal to the new required premium payment plus any additional service fees, if any. However, my account must be fully paid for payment transactions to continue pursuant to this authorization. If changes are made to my plan (including, without limitation, a change in my first day of coverage) or any other event occurs resulting in a reallocation of next payments, Company may suspend any recurring scheduled.

I have read and agree to the terms of service.

SUBMIT
CANCEL

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