# **Recurring Payments**

Save time and never miss a bill by setting up recurring payments through HealthSource RI. Payment is automatically withdrawn from your bank account on the 18th of the month.

YOUR HEALTH. YOU

Step 1: Go to HealthSourceRI.com and click on the "Account Sign-in" link in the upper right hand corner.

٠ Log in by using your login username and password.



#### Login or Create Account

Required Fields \* Create a New Account Login to Your Existing Account Username Password 1 Create a free, secure account username password so you can save your work. You can come back later and Forgot Username/Password? pick up where you left off. Login Create Account

#### Step 2: Select the Payments Tab

Select the **Payments** Tab from your Home Page. ٠



#### Step 3: From the Payments Tab, click on Set-up Recurring Payment.

• A recurring payment allows for monthly payments to be automatically withdrawn from your bank account on the 18<sup>th</sup> of every month. Prior to setting up a recurring payment, you must make a one-time payment. Once this payment has been accepted, you may then proceed with setting up a recurring payment.

Account Stateme	nts		Recurring Payment
Statement for 07/30/2015 Statement for 04/28/2015	Statement for 06/26/2015 Statement for 03/26/2015	Statement for 05/29/2015 Statement for 02/27/2015	A recurring payment will allow you to pay your bill each month on a specified date. This will help avoid
		View All Statements	Set Up Recurring Payment

## <u> N</u>ote

A recurring payment will allow you to pay your bill each month on a specified date. This will help avoid any missed payments.

When you set up recurring payments below, we will pay your insurance premium automatically, on the 18th of each month. The amount deducted from your bank account will be your current balance due.

## **Step 4: Confirm** the **Account Holder** by **Selecting** the applicable option next to either Company Legal Name or Individual Name.

Enter the Company Legal Name or Individual Name as it appears on your check.

#### Account Holder Information

Who should the account billing be addressed to?

Company Legal Name Individual Name

Company Legal Name \*

ABC INC.

#### **Step 5:** Enter the **Routing Number** and **Account Number**.

Routing Number * 123456789	Sample Check
Account Number * 01323456789	and account numbers. These numbers must be filled in to set up a recurring payment.
Verify Account Number * 01323456789	JOHN DOE 597 123 MAIN STREET PH. (000)000 0000 ANYTOWN,USA 12345 DATE
	Anybank USA Anybank USA Anytown, USA :123456789 123456 0597

**Step 6:** Please read the following **Important Note** and click **Next**.

Important Note	
We will pay your insurance premium automatically on the 18th of each month. If weekend or a holiday, the payment will be the next business day. There is no new additional payments.	the date falls on a d to make any
Payment Start Date 05/18/2015	
< CANCEL	NEXT 🔪

#### **Step 7:** Once you click next, the following **Confirmation Screen** will display:

• Carefully review your account information and **edit** any information that is displaying incorrectly before proceeding. Once your information is correct and you have read and understand the following **Terms and Conditions**, check off the box next to **"Yes"** and then click **Next.** 

#### **Confirm Recurring Payment Setup**

Please confirm the following information in order to complete your recurring payment setup.

As a duly authorized check signer on the financial institution account identified above, I authorize HealthSource Rhode Island to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified above for payments due or when applicable, apply electronic funds transfer credits to the same. This applies to check by phone payments as well as any other electronic payment. I understand the dollar amount can vary depending on services performed.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize, HealthSource Rhode Island to collect a returned item fee up to the amount required to process the return item by electronic debit from my account identified above.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified above.

I understand and authorize all of the above as evidenced by my signature below.

Yes, I have read and agree to the terms and conditions of the RI UHIP Exchange payment services

Payment Summary					
Account Holder's Name	Routing Number	Account Number	Bank Name	Payment Start Date	Action
ABC Company	123456789	0123456789	ABC Bank	10/05/2015	Edit



**Step 8:** Once you have successfully set up your recurring payment, the name of your bank and your next payment date will be displayed under **Recurring Payment** located on the bottom right hand corner of the **Payments Tab** as shown below:

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	OHIC	

## **Recurring Payment**

Next Payment Date:

10/18/2015

Payment Account:

BANK ABC

Acct:\*\*\*\*\*\*\* 1234

Edit

Cancel