

# ONLINE PAYMENT

## FEATURES & HOW-TO GUIDE

### COMMISSION PAYMENTS & USER FEES

#### Agency Commission Payments

- Commission checks are cut on the 15th day of the following month

#### User Fees for Online Payment

- E-Check – No Fee
- Credit Cards – 3.3% of total amount paid + \$0.68 per transaction
- User fees will be reflected on the payee’s bank or credit card statement as a separate transaction from ezPay/Xpress Pay

SSIU will gladly accept payments via paper check made payable and mailed to: *No processing fees apply to payments made via this method*

SSIU, LLC  
PO Box 639  
Daphne, AL 36526

### USING THE PAY NOW BUTTON AT BINDING

Agents can pay immediately upon binding a policy within the SSIU Rating Portal:

- Once you have completed either the Adobe E-Sign & Bind or Bind Via Uploading Apps option, a popup will allow you the option to Pay Online Now.

\* **Note:** Pay Now button cannot be used until you have completed applications.

#### Information

Your quote request has been submitted successfully.

#### Note:

Binding is subject to the risk meeting all guidelines for the productselect and signed and fully completed application received by SSIU within 48 hours of this request.

Do you want to pay online now?

Yes

No, Proceed



26179-A Capital Drive,  
Daphne, AL 36526  
251.923.4474

www.ssiuw.com  
portal.ssiuw.com

Questions/Assistance:  
accounting@ssiuw.com

- If you wish to pay at that time, click **Yes**. To proceed without paying, click **No, Proceed**.
- To pay after selecting **No, Proceed**, you may still pay via the **Pay Now** button on the bottom of the screen (shown here).



### PAY SECURELY VIA EZPAY

- Upon selecting Yes to Pay Now, the portal will direct the user to ezPay's web interface.
- Policy information and Amount Due will prefill based on the bound quote information.
- Payment may be made via e-check, credit or debit card.
- Payment receipt will be emailed to the Agent.

PROVIDED BY **ezPAY**

Agent payment - Rater

Insured's name  
QC0019055

Quote ID  
Melinda Dees


Quote code  
18056

Finance company code

Amount  
\$ 1086.50

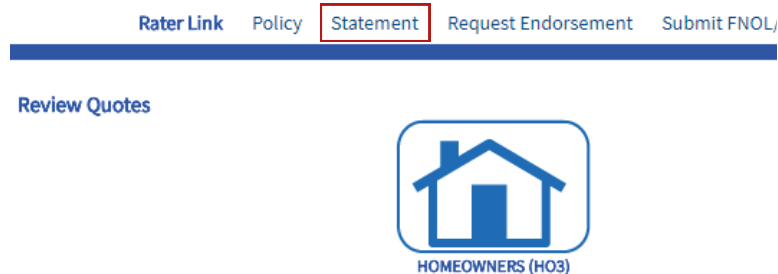
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**Note:**  
Payment information will not be retained by Xpress-pay without your permission. Sensitive account information is never forwarded to the recipient.


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### PAY AGENCY INVOICES VIA AGENT PORTAL

- STEP 1: Login to the portal, and click the **Statement** tab on the Dashboard



- **STEP 2:** Select report type and click **View Statement** or **Download Statement** to save as a PDF. The statement will include all open invoices for the Agency.

Report By \*  Due Date  Invoice Date  Acct Eff Date

By Date \*

Billing Type \*  Agency Bill  Direct Bill to Company  Direct Bill to Insured  Direct Bill to Lien Holder

Include  Accounting Invoice

Search:

	Policy Number	Invoice Code	Net Amt (\$)
	<input type="text" value="Search"/>	<input type="text" value="Search"/>	<input type="text" value="Search"/>
<input type="checkbox"/>	18CUS4201345.2	INV119329	759.61
<input type="checkbox"/>	18CUS4202139.1	INV119544	1,040.64

- **STEP 3:** Use the **+** to view invoice detail by policy. Use the Search fields to locate specific invoices or policies.

	Policy Number	Invoice Code	Net Amt (\$)
	<input type="text" value="Search"/>	<input type="text" value="Search"/>	<input type="text" value="Search"/>
<input checked="" type="checkbox"/>	18CUS4201345.2	INV119329	759.61

Invoice Date	Eff. Date Exp. Date	Insured Name DBA	Transaction Type Coverage	Finance	Details	Amount(\$)
05/11/2018	04/26/2018	Corrie Pepperman	Renewal	Columbia Pacific Finance	Gross Premium	3,663.89
	04/26/2019		Homeowners		Total Fee(s)	225.00
					Total Tax	233.32
					Less: Commission	(439.64)
					Less: Payments Applied	0.00
					Less: Financing Applied	(2,922.76)
<b>AMOUNT DUE BY 05/21/2018</b>						<b>759.61</b>

- **STEP 4:** Select the policy or policies you wish to pay by checking the box next to the policy number(s). Then click the **Payment** button.

Search:

	Policy Number	Invoice Code	Net Amt (\$)
	<input type="text" value="Search"/>	<input type="text" value="Search"/>	<input type="text" value="Search"/>
<input checked="" type="checkbox"/>	18CUS4201345.2	INV119329	759.61
<input checked="" type="checkbox"/>	18CUS4202139.1	INV119544	1,040.64
<input checked="" type="checkbox"/>	18CUS4202140.1	INV118986	853.24

- **STEP 5:** Review the Invoices selected and their Amount Due. Adjustments can be made to Pay Amt (\$) field as needed\*. Click **Make Payment** button. Pay securely via the ezPay web interface.
  - Pay Amount field reflects NET total due, which is premium (less commission) plus tax and fees.

### Payment Detail x

Invoice	Amt (\$)	Pay Amt (\$)
INV119329	759.61	<input type="text" value="759.61"/>
INV119544	1040.64	<input type="text" value="1040.64"/>
<b>Total Payment</b>	<b>1800.25</b>	<b>1800.25</b>

- **STEP 6:** Pay Securely via ezPay
  - Upon selecting **Make Payment** button, the portal will re-direct the user to ezPay's web interface.
  - Agency Name and Net Total for all invoices selected for payment will prefill.
  - Payment may be made via e-check, credit or debit card.
  - Payment receipt will be emailed to the User.

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**Agent payment - Portal**

Insured's name

Quote ID


Quote code

Finance company code

Amount

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## PAY ONLINE VIA SSIU WEBSITE

Both Agents and Insureds can pay securely online at our website: [www.ssiuw.com/BillPayment](http://www.ssiuw.com/BillPayment)

### Agents

- Click on the **AGENCY PAY** button to be directed to the ezPay web interface
- Enter the required fields from the Agency Invoice into the payment screen
- Payment may be made via e-check, credit or debit card
- Payment receipt will be emailed to the User

PROVIDED BY **ezPAY**

Agent Direct Payment

Submission Number  \* Required  
Submission Number cannot be blank.

Expiring Policy Number  \* Required

First & Last Name  \* Required

Agency Name  \* Required

Amount  
\$

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### Insured

- Click on the **INSURED PAY** button to be directed to the ezPay web interface
- Enter the required fields from the Renewal Invoice into the payment screen
- Payment may be made via e-check, credit or debit card
- Payment receipt will be emailed to the User

PROVIDED BY **ezPAY**

Online Insured Payment

Submission Number  \* Required  
Submission Number cannot be blank.

Expiring Policy Number  \* Required

First & Last Name  \* Required

Amount  
\$

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