

Electronic Payment User Guide Step by Step Instructions



Electronic Payment User Guide Overview

This guide provides step by step instructions for using the <u>HCTC Electronic Payment</u> <u>System</u> (E-Payment). You will learn how to register in the E-Payment System, submit payments, and manage your payments. Click the topic on the Contents page to go to the information you need.

The E-Payment System is a secure method for HCTC Participants to make payments from their bank accounts via electronic check or from their credit cards and debit cards, directly to the HCTC Program. HCTC customers can use the E-Payment system to register for an E-Payment account, submit E-Payments to the HCTC Program, and to manage bank account, credit card, and debit card information.

If you have questions about E-Payment, please call the Customer Contact Center toll-free at 1-866-628-4282 (HCTC). For those with a hearing impairment, call 1-866-626 4282 (TTY).

If you don't remember your password or User ID, please contact the HCTC E-Payment Help Desk at 1-855-379-0440 for assistance. The Help Desk is available Monday through Friday, between 8:00 AM and 4:00 PM EST.



Contents

I. First Time Users – Log In and Registration	3
II. Site Navigation Overview	8
III. Make an Electronic Payment – Checking/Savings Account	11
IV. Make an Electronic Payment – Credit/Debit Card	18
V. Manage Bank Accounts	24
VI. Manage Pending Payments	33
VII. View Payment History.	39
VIII. Update E-Payment User Profile	41
IX. Forgot Password	45



I. First Time Users – Log In and Registration A. Enter HCTC Account Number

To get started, go to the <u>Electronic Payment Site</u>. You will see the screen below. Find your HCTC Account Number on your HCTC invoice and enter it in the Account Number box. Re-enter your account number in the second box and click "Continue."

HCTC Stay covere Health Coverage Tax Credit	<i>ed.</i> Remember to keep your HCTC Account Number handy since you will need to enter it every time you log in.
To begin the HCTC ePayment login process, please enter your 9 digit HCTC Account monthly HCTC invoice. You must enter a valid account number.	Number found on your
If you do not enter the correct account number your payment might be misapplied, you to make a 100% payment to your health plan this month! Account Number: Please re-enter your Account Number for verification Continue	IMPORTANT INFORMATION : If your HCTC account is inactive, you will be unable to access the E-Payment site. This also occurs if you short or no pay in a billing cycle. Your access will be restored once you are issued a new HCTC invoice.
Important Information Regarding Your Online Payments: Your online payment should be scheduled by the due date listed on your monthly HCTC invoice. H HCTC due date are not guaranteed to process completely in time for inclusion in the current paym scheduled after the HCTC due date and it is not received in time, then the payment will post to you future use; however, you will be responsible for making a 100% payment to your Health Plan Adm month.	Payments scheduled after the ent cycle. If your payment is r HCTC account as a credit for inistrator for that coverage Return to Contents page



I. First Time Users – Log In and Registration B. Submit Registration

After you click "Submit," you will see the screen below. You are now registered and can begin making electronic payments to the HCTC Program.





I. First Time Users – Log In and Registration C. Register

After you successfully log in, you will see the **Registration** screen. Click on "Register" to begin the registration process.

Health Cove	rage Tax Credit Stay cov	ered.
		R SERVICE HELP
	Welcome to the Electronic Payment System	
	REGISTERED USER LOG IN	User ID:
	If you have already registered with the payment system, you may log in now. Enter your User ID and Password, then click Log In .	Password: Log In
		Register Forgot Password
powered by		Browser Requirements



I. First Time Users – Log In and Registration D. Create Profile

Next, complete each of the required fields and click "Submit."

PAYOR IDENTIFICATION User ID:* 0-10 characters Password:* 0-12 characters Create a memorable User ID and Password. You will need your User ID and Password to log in each time you use the E-Payment Site. PAYOR PROFILE First Name:* Image: Company Name: Street Address 1:* Image: Company Name: Image: Company Name: Street Address 1:* Image: Company Name: Image: Company Name: Street Address 1:* Image: Company Name: Image: Company Name: Street Address 1:* Image: Company Name: Image: Company Name: Street Address 1:* Image: Company Name: Image: Company Name: Street Address 1:* Image: Company Name: Image: Company Name: Street Address 1:* Image: Company Name: Image: Company Name: Street Address 1:* Image: Company Name: Image: Company Name: Street Address 1:* Image: Company Name: Image: Company Name: Street Address 1:* Image: Company Name: Image: Company Name: Street Address 1:* Image: Company Name: Image: Company Name: Street Address 2: Image: Company Name: Image: Company Name: Street Address 1:* Image: Company Name: Ima		*Required Field	
User ID:* •-16 characters Password:* •-12 characters Create a memorable User ID and Password:* Create a memorable User ID and Company Name: Create a memorable User ID and Street Address 1:* Create a memorable Street Address 2: Create a memorable Ermail Address 1:* Street Address 1:* Phone Number:* - Phone Number:* - Phone Number:* - Phone Number:* - Shared Secret Question:* Select Question*		PAYOR IDENTIFICATION	
PAYOR PROFILE First Name:* Image: Company Name: Street Address 1:* Image: Company Name: Street Address 2: Image: Company Name: Street Address 1:* Image: Company Name: Street Address 2: Image: Company Name: <th>bank.</th> <th>User ID:* 6-16 characters</th> <th>Create a memorable User ID and</th>	bank.	User ID:* 6-16 characters	Create a memorable User ID and
A YOR PROFILE First Name:* Last Name:* Company Name: Street Address 1:* Street Address 2: City:* Street Address 2: Phone Number:* Shared Secret Question:* Shared Se		Re-Enter Password:*	Password. You will need your User ID
First Name:* Last Name:* Company Name: Street Address 1:* Street Address 2: Street Address 2: Providing your e-mail address is not required, but it is strongly recommended This will allow you to receive e-mail confirmations for any electronic payment you make. 		PAYOR PROFILE	and Password to log in each time you
Company Name: Street Address 1:* Street Address 2: City:* State:* Select State Select State Providing your e-mail address is not required, but it is strongly recommended This will allow you to receive e-mail confirmations for any electronic payment you make.		First Name:*	
Street Address 2: City:* State:* Select State Zip Code:* Phone Number:* Shared Secret Question:* Shared Secret Question:* State:* Select Question:* Providing your e-mail address is not required, but it is strongly recommended This will allow you to receive e-mail confirmations for any electronic payment you make.		Company Name:	
State:* Select State Image: Select State Imag		Street Address 2: City:*	Providing your e-mail address is not
E-mail Address: confirmations for any electronic payment Phone Number:*		State:* Select State	This will allow you to receive e-mail
Shared Secret Question:* Select Question		E-mail Address:	confirmations for any electronic payment
		Phone Number:*	you make.



Contents

I. First Time Users – Log In and Registration	3
II. Site Navigation Overview	8
III. Make an Electronic Payment – Checking/Savings Account	11
IV. Make an Electronic Payment – Credit/Debit Card	18
V. Manage Bank Accounts	24
VI. Manage Pending Payments	33
VII. View Payment History	39
VIII. Update E-Payment User Profile	41
IX. Forgot Password	45



II. Site Navigation Overview A. Navigation Menu

» The following Make a Payment screen displays once a registered user logs into the E-Payment system.





II. Site Navigation Overview B. Top Navigation Bar

The top navigation bar is located at the top of screen. Use this bar to view the site's privacy statement, contact Customer Service, get Help for using the site, and log out.

	PRIVACY (1) CUSTOMER SERVICE HELP 1 LOGOUT
Make a Payment - Health	Coverage Tax Credit Payment
If your payment is not rece may not be processed for th credited to your HCTC accor monthly invoice. If you hav free at 1-866-628-HCTC& (ived by the due date printed on your HCTC invoice, it his month's payment to your health plan, but will be unt. Your account balance will be printed on your HCTC re questions call the HCTC Customer Contact Center toll (4282).
PAYMENT METHOD SELECTION	
	Please choose a payment method:
	Checking/Savings Account (eCheck)
	Credit/Debit Card
	Continue Cancel
	Browser Requirements



Contents

I. First Time Users – Log In and Registration	3
II. Site Navigation Overview	8
III. Make an Electronic Payment – Checking/Savings Account	11
IV. Make an Electronic Payment – Credit /Debit Card	18
V. Manage Bank Accounts	24
VI. Manage Pending Payments	33
VII. View Payment History	39
VIII. Update E-Payment User Profile	41
IX. Forgot Password?	45



III. Make an Electronic Payment – Checking/Savings (eCheck) A. Payment Method Selection Screen

Use the **Make A Payment** screen to select a payment method. On this screen you can choose to make a payment using your checking account and/or savings account or your credit and/or debit card. The next six slides will walk you through making a payment using a bank account. If you want to learn how to make a payment with your credit card or debit card click <u>here</u>.

	HELP 🥊 LOGOUT
Make a Payment - Health Coverage Tax Credit Payment	
If your payment is not received by the due date printed on your H may not be processed for this month's payment to your health pla credited to your HCTC account. Your account balance will be print monthly invoice. If you have questions call the HCTC Customer Co free at 1-866-628-HCTC (4282).	CTC invoice, it m, but will be ed on your HCTC intact Center toll
PAYMENT METHOD SELECTION	
Please choose a payment method:	
Checking/Savings Account (eCheck)	
Credit/Debit Card	
Continue Cancel	
	Browser Requirements



III. Make an Electronic Payment – Checking/Savings (eCheck) B. Enter Payment Amount

Enter the payment amount you would like to submit. Please have your HCTC invoice available to see the amount due for the month. In the Account Selection drop down, you may select a previous saved bank account to make your electronic payment or choose a new bank account. Click "Continue." NOTE: Recurring payments are not available at this time.

		HELP 👔 LOGOUT
Make Payment	Make a Payment - Health Coverage Tax Credit Payment	
Manage Accounts	If your payment is not received by the due date printed on yo	ur HCTC invoice, it
Pending Payments Payment History	redited to your HCTC account. Your account balance will be	n plan, but will be printed on your HCTC
Update Profile	free at 1-866-628-HCTC (4282).	Please verify your HCTC account number is accurate
	*Required Field	on this screen prior to submitting your payment.
	PAYMENT INFORMATION	
	Payment Amount:* \$0.00	The Payment Date will be set automatically once
	Payment Method: eCheck	you login.
	Payment Date: Oct-23-2012	If you make an E-Payment via eCheck before 9PM
	PAYMENT DETAILS	EST, the payment date will be the next business day,
	HCTC Account Number: XXXXXXXX	but the payment will post to your HCTC account
	ACCOUNT SELECTION	within 2 business days.
	Please select an account:* Choose one	If you make an E-Payment via eCheck after 9PM
		EST, the payment date will be two business day
	Continue	from the current date and your payment will post to
l		HCTC account within 3 business days.



III. Make an Electronic Payment - Checking/Savings (eCheck) C. Enter Bank Account Information

The bank routing number and account number are located on your bank checks. If you used a previously saved bank account, you may skip this step and proceed to the **Verify Payment** screen. Click "Continue" after you have entered all the required information.

Pending Payments If your payment is not received by the due date printed on your HCTC invoice, it may not be processed for this month's payment to your health plan, but will be credited to your HCTC account. Your account balance will be printed on your HCTC monthly invoice. If you have questions call the HCTC Customer Contact Center toll free at 1-866-628-HCTC (4282). Update Profile *Required Field	ION ION INTERNET ION
E-Payment Service Bank Routing Number:* E Bank Account Number:* E Re-Enter Bank Account Number:* E	Enter your bank's routing number and bank account information. Be careful to avoid entering your check number. Then enter the bank account type.
Bank Account Type:* Checking Savings Is this a business account?:* Yes No Save this account? Account Nickname: Continue Cancel	To save the account, you will need to create an account nickname. You may add, edit, and delete multiple accounts from the Manage Account screen.



III. Make an Electronic Payment - Checking/Savings (eCheck) D. Verify Payment

Check that your payment details and bank account information are correct and re-enter your E-Payment password.





III. Make an Electronic Payment - Checking/Savings (eCheck) E. Accept Terms and Conditions

Read and accept the Terms and Conditions and click "Confirm." If any information is incorrect or you do not wish to complete making the payment, click "Cancel."





III. Make an Electronic Payment - Checking/Savings (eCheck) F. Payment Confirmation

After confirming that you wish to make the payment, a **Confirmation** screen will appear. Record your confirmation number on your HCTC invoice or print the page for your records. No further action is required. If you provided an e-mail address on the verify payment screen, you will receive an e-mail confirmation once the payment has been processed.

		HELP	
Manage Accounts	Payment Confirmation - Health Coverage Tax Credit Payment		
Pending Payments	(CLICK HERE TO MAKE ANOTHER PAYMENT)		
Payment History Update Profile	You have successfully scheduled a payment to the HCTC Program. E-Check paym Monday through Friday, excluding federal holidays. Payments received prior to 9 to your HCTC account within 2 business days. Payments received after 9:00 PM E HCTC account within 3 business days. You will be sent an e-mail confirmation, but record of your Confirmation Number or print this page and keep for your rece	ents are processed 00 PM EST will post ST will post to your please also keep a ipt of payment.	
Usbank.	Please keep a record of your Confirmation Number, or print this page for y Confirmation Number: IRSHTC000001152	our records.	
E-Payment Service	Your Payment Detail Payment Amount: \$0.01 Scheduled Payment Date: Jun-07-2010 HCTC Account Number: XXXXXXXX Xour Account Detail	If you we	Und like to make another payment, CLICK HERE TO MAKE
	Account Nickname: test1		
	Bank Account Number: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Rememb on the si	per to log out when you're finished ite; you will be directed to
	Email Address: NA Continue to Main Menu	<u>vvvvv.115.</u>	
		Browser Requirements	Return to Contents page



Contents

I. First Time Users – Log In and Registration	3
II. Site Navigation Overview	8
III. Make an Electronic Payment – Checking/Savings Account	11
IV. Make an Electronic Payment – Credit/Debit Card	18
V. Manage Bank Accounts	24
VI. Manage Pending Payments	33
VII. View Payment History	39
VIII. Update E-Payment User Profile	41
IX. Forgot Password	45



IV. Make an Electronic Payment – Credit/Debit Card A. Payment Method Selection Screen

To make an E-Payment with your credit or debit card, select "Credit/Debit Card." You can use any Visa, MasterCard, Discover, or American Express credit cards, or any debit card displaying the Visa or MasterCard logo, to make a payment.

PRIVACY CUSTOMER SERVICE HELP
Make a Payment - Health Coverage Tax Credit Payment
If your payment is not received by the due date printed on your HCTC invoice, it may not be processed for this month's payment to your health plan, but will be credited to your HCTC account. Your account balance will be printed on your HCTC monthly invoice. If you have questions call the HCTC Customer Contact Center toll free at 1-866-628-HCTC (4282).
PAYMENT METHOD SELECTION
Please choose a payment method:
 Checking/Savings Account (eCheck) Credit/Debit Card
Continue Cancel
Browser Requirements



IV. Make an Electronic Payment – Credit/Debit Card B. Enter Payment Amount

Enter the payment amount from your HCTC invoice and confirm your HCTC account number is correct.

		VICE PHELP			
Make Payment	Make a Payment - Health Coverage Tax Credit Payment				
Manage Accounts	If your payment is not received by the due date printed on your HCTC invoice, it				
Pending Payments	may not be processed for this month's payment to your health plan, but will be				
Payment History credited to your HCTC account. Your account balance will be printed on your HCTC monthly invoice. If you have questions call the HCTC Customer Contact Center toll					
Update Profile	free at 1-866-628-HCTC (* (4282).				
	*Required Field	Please verify your HCTC account number is accurate			
	PAYMENT INFORMATION On this screen prior to submitting your payment.				
	Payment Amount:* \$0.01				
	Payment Method: Credit/Debit The Payment Date will be set automatical				
	Payment Date: Jan-17-2013	Iogin. If you make an E-Payment via Credit card or Debit			
	card before 9PM EST, the payment date will				
	PAYMENT DETAILS	current business day, but the payment will post to your HCTC account within two business days.			
	HCTC Account Number: 1000000 XXXXXXXX				
		If you make an E-Payment via Credit card or Debit card after QPM EST, the payment date will be the payt			
	business day and your payment will post to HCTC				
	Conunce	account within three business days.			



IV. Make an Electronic Payment – Credit/Debit Card C. Enter Credit/Debit Card Information

You must have your credit card or debit card, and card billing address available in order to complete this type of transaction.

Make a Payment - Health Cover f your payment is not received by nay not be processed for this mo redited to your HCTC account. Yo nonthly invoice. If you have ques ree at 1-866-628-HCTCt [®] (4282)	age Tax Credit Payment y the due date printed on your HCTC invoice, it nth's payment to your health plan, but will be our account balance will be printed on your HCTC stions call the HCTC Customer Contact Center toll
	*Required Field
ACCOUNT INFORMATION	
Credit/Debit Card Type:*	
Credit/Debit Card Number:*	
Expiration Date:*	· / ·
Save this account?	
Account Nickname:	
BILLING ADDRESS	
You must select your bil	ling address or enter a new billing address.
0	Use my Billing Address 12345 Test Dr. Testing, TX 78245
0	Use the address entered below
Street Address 1:*	
Street Address 2:	
City:*	
State:* Zip Code:*	Choose one
E	Continue Cancel
	Browser Requirements



IV. Make an Electronic Payment – Credit/Debit Card D. Verify Payment

Confirm that your payment information details are correct. Enter the 3-digit CVV code from the signature strip of your credit card. For those using an American Express card, this will be the 4 digits on the front of the card above the card number. To confirm the payment, click "Confirm."

Verify Payment - Health Coverage Tax Credit Payment	
Please review the information below and select Confirm to process your payment. If you make any changes to your payment, select Cancel to return to the previous scree	a need to
Your Payment Detail Payment Amount: \$0.01 Payment Date: Jan-17-2013 HCTC Account Number XXXXXXXX Your Account Detail	
Payer Name: HCTC Test Card Number: *XXXX Card Type: Visa Expiration Date: Jun-2013 Your Credit/Debit Card Billing Address	Enter your e-mail address to receive payment confirmation.
Street Address 1: 12345 Test Dr. Street Address 2: City: Testing State: TX Zip Code: 78245 E-mail Address:	If using Visa, MasterCard, or Discover, you must enter the 3-digit CVV code on the back of your card before confirming your payment_NOTE: American Express
3-digit code or XXXXXX Confirm Cancel	has a 4-digit code located on the front of the card.
Browser	Requirements Return to Contents page



IV. Make an Electronic Payment – Credit/Debit Card E. Payment Confirmation

A **Payment Confirmation** screen will display. Record your confirmation number or print the page for your records. No further action is required. If you provided an e-mail address on the **Verify Payment** screen, you will receive an e-mail confirmation once the payment has been processed.

ayment Confirn	nation - **TEST**Healt	h Coverage Tax Credit Payment
You have succe processed Monday PM EST will post to EST will post t confirmation, but p	ssfully scheduled a payment t through Friday, excluding fec your HCTC account within 2 b o your HCTC account within 3 lease also keep a record of yo keep for your rec	to the HCTC Program. E-Check payments are deral holidays. Payments received prior to 9:00 pusiness days. Payments received after 9:00 PM business days. You will be sent an e-mail pur Confirmation Number or print this page and eipt of payment.
Please keep a	record of your Confirmation	Number, or <u>print this page</u> for your records.
	Confirmation Number:	IRSTST000106092
	Your Paym	ent Detail
	Payment Amount:	\$200.00
	Payment Date:	Oct-22-2012
	HCTC Account Number:	*******
	Your Accor	unt Detail
	Payer Name:	John Doe
	Card Number:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	Card Type:	Visa
	Merchant:	Health Coverage Tax Credit
	Website:	www.irs.gov
	Your Credit/Debit C	ard Billing Address
	Street Address 1:	XXXXXXXX
	Street Address 2:	
	City:	XXXXXXXX
	State:	******
	Zip Code:	******
	Email Address: Continue to	john.doe@hctcparticipant.com Main Menu



Contents

I. First Time Users – Log In and Registration	3
II. Site Navigation Overview	8
III. Make an Electronic Payment – Checking/Savings Account	11
IV. Make an Electronic Payment – Credit/Debit Card	18
V. Manage Bank Accounts	24
VI. Manage Pending Payments	33
VII. View Payment History.	39
VIII. Update E-Payment User Profile	41
IX. Forgot Password	45



V. Manage Bank Accounts

You can add, edit, and delete bank accounts, credit cards, and debit cards using "Manage Accounts" in the left-hand navigation menu. For bank accounts you must use the bank routing and account numbers found on your checks. Your changes are reflected in the E-Payment **Manage Account** screen.

- » Only the payments you submit online are displayed in the E-Payment system. To make HCTC account updates, you must complete a <u>Registration Update Form</u> and mail it to the HCTC Program.
- » When you delete a payment, your **Payment History** will show a record of a deleted transaction, but there will not be a record on the **Manage Account** page or on your HCTC account.





V. Manage Bank Accounts A. Edit, Delete, and Add Accounts

Click "Manage Accounts" on the left-hand navigation menu. You can view a list of bank accounts, credit cards, and debit cards saved on the **Account List** page. You can also Edit, Delete, and Add Accounts.

			Y 🚺 CUSTOMER	SERVICE 🖳 HELP 🥤 EXIT
Manage Accounts	Account List			
Pending Payments	Account Nickname	Payment Method	Account Type	Account Number
Payment History	Test Credit Card 1	Credit/ATM/Debit	Visa	XXXXXXXXXXXXXXXXXXXX1111
Update Profile	Test Debit Card 1	Credit/ATM/Debit	Visa	XXXXXXXXXXXXXXXXXXXX1111
	O Test Bank Account 1	eCheck	Checking	XXXXXXXXXXXXXXXXXXXXXX
	Edit Account	Delete Account Ac	ld Bank Account	Add Credit/Debit Account
powered by				Browser Requirements
us bank.				



V. Manage a Bank Accounts B. Edit Account – Bank Accounts

Make the necessary changes to your account and click "Submit Changes" on the bottom of the page. Your changes will be displayed in the **Account List**.

Manage Accounts	Edit Bank Account		
Pending Payments	All fields are required		
Payment History	This account is associated with one or more pending or recurring pay account will be reflected in those payments	ments. Any changes to this s.	
usbank.	BANK ACCOUNT INFORMATION	Please not account inf payment, the reflected in	e that if you change the bank formation for a pending he account changes will be a the payment.
E-Payment Service	Account Nickname: TEST Bank Routing Number: 051000017 Use my current Bank Account XXXXXXXXXXXX1111 Use the Bank Account Number: Bank Account Number: Bank Account Number: Bank Account Type: Savings Ochecking Is this a business account?: Yes No	: Number r entered below	



V. Manage Bank Accounts

C. Edit Account – Credit/Debit Card

Make the necessary changes to your account and click "Submit Changes" on the bottom of the page. Your changes will be displayed in the **Account List**.

Edit Card Account	
	*Required Field
ACCOUNT INFORMATION	
Update v	our card information below.
,	
Account Nickname:*	Test Credit Card 1
Use my current Card Number:	XXXXXXXXXXXXXXXX1111
Or use a New Card Number:	
Credit/Debit Card Type:*	Visa
Expiration Date:*	03 💌 / 2015 💌
BILLING ADDRESS	
You must select your payor	profile address or enter a new billing address.
۲	Use my Payor Profile Address
	1234 Test Dr.
	San Antonio, 1X 78238-0001
0	Use the address entered below
Street Address 1:*	
Street Address 2:	
City:*	Chasse and
State:* Zin Code:*	
Zip Code.	
	Submit Cancel
	Browser Requirements



V. Manage Bank Accounts D. Delete Bank Account

If you are sure you want to delete this account, click "Delete Account" on the bottom of the page. Your changes will be reflected in the **Account List**.

Delete Bank Account	
BANK ACCOUNT INFORMATION	
Account Nickname:	Test Bank Account 1
Bank Routing Number:	XXXXXXXXXX
Bank Name:	XYZ Bank
Bank Account Number:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Bank Account Type:	Checking
Bank Account Category: Delete Account	Consumer



V. Manage Bank Accounts E. Delete Credit/Debit Account

If you are sure you want to delete this account, click "Delete Account" on the bottom of the page. Your changes will be reflected in the **Account List**.

Delete Card Account			
ACCOUNT INFORMATION			
	Account Nickname: Te	st Credit Card 1	
	Card Number: XX	XXXXXXXXXXXXXXX1111	
	Expiration Date: Ma	ar-2015	
	Card Type: Vi	sa	
BILLING ADDRESS			
	Street Address 1: 12	34 Test Dr.	
	Street Address 2:		
	City: XX	200000000	
	State: XX	XXXXXXXX	
	Zip Code: XX	DODODODOC	
	Delete Account	Cancel	



V. Manage Bank Accounts F. Add a Bank Account

To add an account, enter the bank account information and click "Submit." Your changes will be reflected in the **Account List**.

Manage Accounts	Add New Bank Account	AVICE
Payment History Update Profile	BANK ACCOUNT INFORMATION	TOR TOR TOR TOR TOR TOR TOR TOR
E-Payment Service	Bank Routing Number: Bank Account Number: Re-Enter Bank Account Number: Bank Account Type: O Savings () Checking	Enter your bank routing number and account number. Be careful not to enter your check number. Then select the Bank Account Type.
	Is this a business account?: O Yes 💿 No	
	Submit Cancel	To save the account, create an account nickname.



V. Manage Bank Accounts G. Add a Credit/Debit Card

To add an account, enter the credit/debit account information and click "Submit." Your changes will be reflected in the **Account List**.

Add Card Account		
*Required Field		
ACCOUNT INFORMATION		
Credit/Debit Card Type: * Choose one		
Credit/Debit Card Number: *		
Expiration Date: * Choose one 💌 /		
Account Nickname: *		
BILLING ADDRESS		
You must select your payor profile address or enter a new billing address.		
 Use my Payor Profile Address 1234 Test Dr. San Antonio, TX 78238-0001 Use the address entered below 		
Street Address 1: *		
Street Address 2:		
City: *		
State: * Choose one		
Zip Code: * -		
Submit Cancel		



Contents

I. First Time Users – Log In and Registration	3
II. Site Navigation Overview	8
III. Make an Electronic Payment – Checking/Savings Account	11
IV. Make an Electronic Payment – Credit /Debit Card	18
V. Manage Bank Accounts	24
VI. Manage Pending Payments	33
VII. View Payment History	39
VIII. Update E-Payment User Profile	41
IX. Forgot Password	45



VI. Manage Pending Payments (eCheck only)

A payment is pending when it is submitted by a customer and has not yet been processed and debited from a their bank account. The transaction is held in pending status until it has cleared the bank and is confirmed.

- » Users may view, edit and delete pending payments from the **Pending Payments** screen.
- » Only pending payments that were submitted online are displayed on the Pending Payments screen on the E-Payment Site. The E-Payment system does not display any payments submitted by mail.
- » Credit card and debit card payments are processed in real-time and are not applicable to the **Pending Payments** screen. You may view completed credit card and debit card payments in the **Payment History** screen.





VI. Manage Pending Payments (eCheck only) A. View, Edit or Delete a Pending Payment

Click "Pending Payments" on the left-hand navigation menu. You can view a payment in more detail by selecting a corresponding confirmation number. NOTE: Only pending eCheck payments submitted online are displayed on this screen.





VI. Manage Pending Payments (eCheck only) B. View Details of a Pending Payment

This screen shows the payment details for the selected pending payment. After you are finished viewing the payment information, click "OK."





VI. Manage Pending Payments (eCheck only) C. Edit a Pending Payment

You can edit your eCheck payment amount or bank account. These are the only fields that can be edited. After you complete the change, click "Continue." Once you have completed editing a payment, a **Payment Confirmation** screen will display. Keep your confirmation number or print the page for your records. No further action is required.

age Accounts	Edit Payment - Health Coverage Tax Credit Payment		
ing Payments	*Required Field		
ient History	PAYMENT INFORMATION		
te Profile	Payment Amount:* \$0.01	Click "Cancel"	if you want to return
	Payment Method: eCheck	to the Pendin	Pavments list
	Scheduled Payment Date: Mar-17-2010	without making	anv changes.
E-Payment Service	HCTC Account Number: XXXXXXXX		
	ACCOUNT SELECTION Selected Account:* test111 - 1111		
	Continue Cancel		



VI. Manage Pending Payments (eCheck only) D. Confirm Deletion of Pending Payment

If selecting "Delete Payment" from the **Pending Payments** screen, the following verification screen will appear. Once you are sure you want to delete the payment, click "Confirm." The changes will be reflected on your **Pending Payments** page. However, you will not receive an e-mail confirmation. E-mails are only sent for changes to your payments. NOTE: Credit and debit card payments are done in real-time and cannot be deleted once submitted.

anage Accounts Delete	Payment Verification	
ending Payments	Confirmation Number: IRSHTC000001065	
ayment History pdate Profile	Your Payment Detail Payment Amount: \$0.01 Scheduled Payment Date: Mar-04-2010 HCTC Account Number: XXXXXXXX	Remember to log out when you are finished on the site. You will be re- directed to <u>www.irs.gov/hctc</u> .
E-Payment Service	Your Account Detail Account Nickname: TEST Bank Routing Number: 051000017 Bank Account Number: xxxxxx11 Bank Account Type: Checking Bank Account Category: Consumer	Click "Cancel" if you want to return the Pending Payments list without making any changes.
	Email Address:	



Contents

I. First Time Users – Log In and Registration	3
II. Site Navigation Overview	8
III. Make an Electronic Payment – Checking/Savings Account	11
IV. Make an Electronic Payment – Credit/Debit Card	18
V. Manage Bank Accounts	24
VI. Manage Pending Payments	33
VII. View Payment History	39
VIII. Update E-Payment User Profile	41
IX. Forgot Password	45



VII. View Payment History

You may view previous online payments, including confirmation number, description, posted date, amount of payment, account number and status by clicking "Payment History" in the left-hand navigation menu. Processed payments that were submitted online will be displayed in the payment history. For details, click on the payment's confirmation number.





Contents

I. First Time Users – Log In and Registration	3
II. Site Navigation Overview	8
III. Make an Electronic Payment – Checking/Savings Account	11
IV. Make an Electronic Payment – Credit/Debit Card	18
V. Manage Bank Accounts	24
VI. Manage Pending Payments	33
VII. View Payment History.	39
VIII. Update E-Payment User Profile	41
IX. Forgot Password	45



VIII. Update E-Payment User Profile A. Access, Edit and Submit Changes to User Profile

Click "Update Profile" on the left-hand navigation menu. Edit your profile information and click "Save Changes." Remember that you are making changes only to your E-Payment account. To change your password, click "Change Password."

		HELP
Make Payment Manage Accounts Pending Payments	Edit User Profile *Required Field PAYOR IDENTIFICATION	
Payment History Update Profile	User ID: test123 PAYOR PROFILE	To make HCTC account updates,
E-Payment Service	First Name:* test Last Name:* test Company Name:	and mail it to the HCTC Program, or call the HCTC Customer Contact Center toll-free at 1-866-628-4282 (HCTC).
	State:* Virginia Zip Code:* 11111 - E-mail Address:	Remember to log out when you're finished on the site. You will be re-directed to <u>www.irs.gov/hctc</u> .
	Save Changes Change Password Ca	Browser Requirements Return to Contents page



VIII. Update E-Payment User Profile B. Change Password

If you click on "Change Password," the following screen will appear. Enter your old password and then enter your new password in the New Password and Re-enter Password fields. Click "Change Password."

Manage Accounts Change		Keep the password
Pending Payments Payment History	*Required Field Old Password:*	when creating a memorable Password.
Update Profile	New Password:* Ietter and one Re-Enter Password:*	6-12 characters, at least one number
E-Parment Service	Change Password Ca	ncel



VIII. Update E-Payment User Profile C. Changed Password Confirmation

The following screen will confirm that your password has been changed. Click "Continue."

		RVICE 📳 HELP 🦹 LOGOUT	
	Change Password Complete		
	Your password has been changed		
powered by	Continue	Remember to log out v finished on the site. Y	when you're ou will be
usbank.			<u>yovnoto</u> .



Contents

I. First Time Users – Log In and Registration	3
II. Site Navigation Overview	8
III. Make an Electronic Payment – Checking/Savings Account	11
IV. Make an Electronic Payment – Credit /Debit Card	18
V. Manage Bank Accounts	24
VI. Manage Pending Payments	33
VII. View Payment History	39
VIII. Update E-Payment User Profile	41
IX. Forgot Password	45



IX. Forgot Password A. Click "Forgot Password"

If you cannot remember your E-Payment password, click on "Forgot Password" to request a new password.

Welcome to the Electronic Payment System		
REGISTERED USER LOG IN	User ID:	
If you have already registered with the payment system, you may log in now. Enter your User ID and	Password:	
Password, then click Log In.	Log In	
	Register	
	Forgot Password	



IX. Forgot Password B. Click "Submit"

Enter your e-mail address or User ID and click "Submit." You will proceed to the **Security Validation** screen. If you cannot remember your e-mail address or User ID, contact the HCTC E-Payment Help Desk at 1-855-379-0440. The Help Desk is available Monday through Friday, between 8:00 AM and 4:00 PM EST.

Forgot Password
*Required Field
To receive a new Password for your User ID, please enter your email address or your User ID and choose Submit. Or contact <u>Customer Service</u> . Your new Password will be sent to you by email. You can then login and change your Password
to whatever you want it to be.
Email address or User ID:* Submit Cancel
Submit Cancel



IX. Forgot Password C. Security Validation

Answer your secret question and click "Submit." This verifies that you are the owner of the account. If you cannot remember the answer, contact the HCTC E-Payment Help Desk at 1-855-379-0440. The Help Desk is available Monday through Friday, between 8:00 AM and 4:00 PM EST.

	Security Validation
	"Required Field
bank.	For your protection, it is necessary for you to answer a verification question before a new password can be sent to you. Please fill in the answer to the question below and choose Submit.
lyment Service	If you cannot remember the answer, please contact <u>Customer Service</u> .
	Shared Secret Question: What was your favorite pet's name?
	Shared Secret Answer:*
	Submit Cancel



IX. Forgot Password D. Forgot Password Verification

Click "Submit" to have a new password sent to the e-mail address you entered when you created your electronic payment profile. A temporary password will be sent via e-mail. This temporary password is only valid for 24 hours and must be changed once you log in successfully.

If you did not enter an e-mail address when you created your electronic payment profile or do not have an e-mail address, you cannot receive a temporary password via e-mail. You must contact the HCTC E-Payment Help Desk at 1-855-379-0440 in order to have password reset. The Help Desk is available Monday through Friday, between 8:00 AM and 4:00 PM EST.





IX. Forgot Password E. New Password Sent Confirmation

The following screen confirms that your new password will be e-mailed to you. Click "Continue."

	PRIVACY CUSTOMER SERVICE HELP LOGOUT	
E-Payment Service	Thank you. We will email your new Password for test11 to: test@irs.gov	
	Continue Remember to log out you're finished on the You will be re-directed www.irs.gov/hctc.	when site. d to

