

# BUSINESS BILL PAY ENROLLMENT PROCESS

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You can use Business Bill Pay to quickly set up and pay your bills easily and securely!

You can pay anyone in the United States that you would normally pay by check or automatic debit. Even if you do not receive bills from the company or person you want to pay, you can add the information we use to make the payments.

You can pay your bills with the knowledge that your personal information remains confidential. When you sign in to Business Bill Pay, your user name and password are sent over the Internet from your computer to ours using secure sockets layer (SSL) technology. This technology encrypts your personal information before it leaves your computer, ensuring that no one else can read it.

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## I. Entering Business Information

**Business Information**

\* Business Name:

\* Tax ID:

\* Address 1:

Address 2:

\* City:

\* State/Zip Code: State

\* Business Phone:   
xxx-xxx-xxxx

Business Fax Number:   
xxx-xxx-xxxx

\* Business Email Address:

\* Confirm Email Address:

\* Business Type: Sole Proprietorship

1. **Business Name** – the name of your business. **Note:** The name you type appears on the bill payments we send.
2. **Tax ID** – the Federal Tax Identification Number, or Employer Identification Number (EIN), assigned to your business for tax reporting.
3. **Address, City, State/Zip Code** – the business address.
4. **Business Phone/Fax Number** – business phone and fax number information.
5. **Business Email Address** – the email address where you want to receive information about your Business Bill Pay account.
6. **Confirm Email Address** – retype the email address to confirm it.
7. **Business Type** – select the type that identifies your business structure for tax reporting.

# BUSINESS BILL ENROLLMENT PROCESS, CONTINUED

## II. Entering Contact Information

**Business Contact Information**  
[Who should this be?](#)  
 Use the Business Information as the Business Contact Information.  

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Address 1:

Address 2:

\* City:

\* State/Zip Code:

\* Contact Phone:   
xxx-xxx-xxxx

\* Email Address:

\* Birth Date:   
[Why do you need this?](#)

\* Social Security Number:   
[Why do you need this?](#)

\* Driver's License Number:

\* Driver's License State:

**Note:** This should be the **information of the Business Owner**. If the address, phone, and email information from the previous section also applies to the business contact, click the box 'Use the Business Information as the Business Contact Information.' The information appears in the correct fields. Complete only the steps below that apply to the remaining empty fields.

1. **First/Middle/Last Name** – the name of the business contact.
2. **Address, City, State/Zip Code** – the address of the business contact.
3. **Contact Phone** – the phone number, including the area code, where the business contact can be reached during the day. This can be different from the business phone number.
4. **Email Address** – the email address where you want to receive information about the Business Bill Pay account. This can be different from the business email address.
5. **Confirm Email Address** – retype the email address to confirm it.
6. **Birth Date** – the business contact's date of birth. This information helps Bill Pay verify the person's identity to guard against possible identity fraud.
7. **Social Security Number** – the business contact's Social Security number. This information helps Bill Pay verify the person's identity to guard against possible identity fraud.
8. **Driver's License Number** – the business contact's driver's license number.
9. **Driver's License State** – select the state that issued the business contact's driver's license.

# BUSINESS BILL ENROLLMENT PROCESS, CONTINUED

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## III. Creating a User ID and Password

**User ID and Password**

Your business user ID must be between 9 and 32 characters and can include letters, numbers, and special characters, but no spaces. The ID is not case sensitive. Your password must be 8 characters without spaces. It is case sensitive and must contain at least two of the following: an uppercase letter, a lowercase letter, a number, and a special character.

Please be aware that until your enrollment is verified, you won't have access to sign in to your account. Make a note of your user ID and password so you can sign in when you return. You will receive a welcome letter when your enrollment is verified and you can sign in.

\* User ID:

\* Password:

\* Confirm Password:

\* Secret Question:

\* Secret Answer:

Creating a Business Bill Pay user ID and password ensures that the business contact and any other authorized users can access the Business Bill Pay account. **The user ID and password are required to sign in to Business Bill Pay.**

**User ID** – must be between 9 and 32 characters and can include letters, numbers, and special characters, but no spaces. The ID **must** be unique within your business.

**Password** – must be 8 characters without spaces. It is **case sensitive** and **must contain** at least two of the following: an uppercase letter, a lowercase letter, a number, and a special character. We recommend a combination of letters and numbers for security reasons.

1. **User ID** – the business contact's ID. The ID **must** be between 9 and 32 characters and can include letters, numbers, and special characters, but no spaces.
2. **Password** – type a password that is 8 characters without spaces. It is **case sensitive** and **must contain** at least two of the following: an uppercase letter, a lowercase letter, a number, and a special character.
3. **Confirm Password** – retype the password to verify it.
4. **Secret Question** – select a secret question from the list. You must answer this question if you forget your password.
5. **Secret Answer** – type the answer to that question. Your answer can be 2 to 32 characters (letters or numbers). This is the answer that you **must** provide whenever you are asked the secret question.

# BUSINESS BILL ENROLLMENT PROCESS, CONTINUED

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## IV. Payment Plan and Terms & Conditions

**Business Bill Pay Payment Plan**

\* Payment Plan

Free Bill Payment

By using the Service, I authorize CHECKFREE WEB BILL PAY and its service provider, CheckFree Services Corporation, to initiate debit and credit entries, as the case may be, to my Payment Account. I acknowledge use of the Service constitutes my acceptance of these Payment Terms and Conditions. I further acknowledge that any transactions made using the Service must comply with all applicable laws, rules, and regulations. This authorization shall remain in effect until CHECKFREE WEB BILL PAY has received notice, in accordance with these Terms & Conditions, and had a reasonable opportunity to act upon such notice.

[View Terms and Conditions](#)

I have read and agree to the Terms & Conditions.

By clicking **Continue**, you agree to the following:

- You have read and agree with the Terms & Conditions.
- You agree that the information you provided can go through a verification process.

[Continue](#) [Cancel Enrollment](#)

1. The **Payment Plan** is automatically selected for you. The plan is Free Bill Payment.
2. You can **review the Terms & Conditions** for Business Bill Pay by clicking the View Terms & Conditions link.
3. Review the information, and close the page when you are finished. The Enrollment page appears.
4. Click the 'I have read and agree to the Terms & Conditions' box.
5. Click **Continue** to complete the enrollment process.

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## V. Completing the Enrollment

To complete enrollment, you **must**:

1. Read the service agreement.
2. Print a copy of the Business Bill Pay Enrollment Form for your records. It is **not** necessary to send DFCU Financial the Business Bill Pay Enrollment form or a voided check.

After we process your enrollment, we notify you that your Business Bill Pay account is active.

**! Note:** Access to Business Bill Pay will take 2 - 3 business days.

If you have questions please contact DFCU at 888.336.2700.