

Online payment Instructions

➤ Go to website: <https://www.e-billexpress.com/ebpp/LSSGeneral/>

Enter your own name/company's name twice and click on **Make a Payment** (using Lutheran Social Service of MN for example below):

LOGIN **MAKE A PAYMENT**

* Required Fields

* Name of Person/Company
Lutheran Social Service of MN

* Confirm Name of Person/Company
Lutheran Social Service of MN

I'm not a robot reCAPTCHA Privacy - Terms

Make a Payment

- Fill out all fields highlighted in yellow below.
- Click on the **Service(s)/Product(s)** – underlined in purple and chose – **03-Guardianship/SDS** (from the drop down), you can click on the pencil circled in purple to add notes
- Click on blue edit box below and enter invoice # and/or client name
- Click on **+Enter** highlighted in green (instructions below).

* Required Fields

Home

* Contact Name
Test test

* Contact Phone
123-456-7890 Mobile ▾
⚠ Please specify a valid telephone number

* Contact Email
email@lssmn.org

* Payment Amount
\$ 1234.00

Service(s)/Product(s)
03-Guardianship/SDS

* Payment Method
+ Enter

* Pay Date
6/18/2024


Invoice Number
756894 - Webb


- When the **+Enter** (highlighted in green above) is clicked, it will bring up this screen:

Enter a Payment Method ✕


Choose your preferred payment method to pay your bills.

* Required Fields

 BANK ACCOUNT ▶

 CREDIT OR DEBIT CARD ▶

- Click “Bank Account” to **pay directly from your bank account**. You will need the routing # and account # for your bank account.

 BANK ACCOUNT ▼

* Account Type

Personal Business

* Banking Type

Checking Account Savings Account

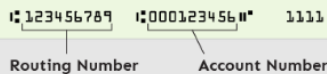
* Name on the Account

* Routing Number

* Account #

* Re-enter Account #

Pay to the Order of _____


Routing Number Account Number

Make sure to use your bank account number, not your ATM or Debit card number.

By selecting "Agree and Enter Account", you authorize the information you've provided on the above account to be used for creation of a charge to the account listed above. You also affirm that the information you provided is correct, that you are a signer on the account above and there are available funds to cover the amount of any transactions that you authorize.

* Agree and Enter Account

Enter Account


- Click “Credit or Debit Card” to **pay by card**.

* Full Name on Card

* Country

* City

* Card Number



* Address

* State

* Expiration Date

* Security Code

Address2

* ZIP Code

By selecting "Agree and Enter Account", you authorize the information you've provided on the above account to be used for creation of a charge to the account listed above. You also affirm that the information you provided is correct, that you are a signer on the account above and there are available funds to cover the amount of any transactions that you authorize.

* Agree and Enter Account

Enter Account

- Once the payment information is filled out click on **Enter Account** and then **Continue to Payment** on the next screen.

- Verify Payment. Make sure the payment information is correct and click **Make Payment**.

Verify Payment

PAYMENT SUMMARY

1 Invoice **\$1.00**

Payment Method Enter
Visa ****9979

Security Code **Payment Date**
*** 10/16/2023

Payments confirmed before Monday, October 16, 2023 7:00 PM CST will be posted on Monday, October 16, 2023. Payments confirmed after Monday, October 16, 2023 7:00 PM CST will be posted on Tuesday, October 17, 2023.

Payment Terms & Conditions

These Payment Terms and Conditions ("Terms") govern your use of the Internet Bill Presentment and Payment Service (the "Service"). As used in these Terms, the words "we," "us," and "our" refer to the Biller you are paying. The words "you" and "your" refer to you as the business or consumer using the Service and accepting these Terms. The words "you" and "your" also include any user you authorize to use the Service on your behalf.

1. Erroneous Instructions. If we receive a payment instruction authorized by you and the instruction is erroneous in any way, we shall have no obligation or liability for the error.
2. Transaction Limitations. Please be aware that certain types of bank accounts have limits on the numbers of transfers or withdrawals that may be made per month. Your bank may refuse transfers which would exceed such limits, so we recommend you check with your bank to determine what limitations are imposed on withdrawals from any account. If we are not able to debit the amount required to cover an authorized

[Print Terms and Conditions](#)

Contact Name
LSS

Contact Email
email@email.com

Contact Phone
6519692266

* By checking this box you agree to the terms and conditions stated above.

By clicking the **Make Payment** button I, **Maggie Wescott**, confirm that today, Monday October 16, 2023, I am authorizing a one-time debit from my Visa account ending in ****9979 in the amount of \$1.00 USD to be remitted to LSSGeneral. This debit will occur on or after Tuesday October 17, 2023.

If you have any questions regarding this transaction request, please call 800-582-5260.

Make Payment

[Cancel](#)

- If everything was filled out correctly you will receive a payment confirmation.

Confirmation

Thank You! Your payment has been made.

[Print Confirmation Page](#)

Payment Date	10/16/2023
Payment Method	Visa ****9979
Total Payment	\$1.00

LSS

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If you have any further questions about payments to LSSGeneral, please contact our office at 800-582-5260.

Name of Person/Company	Confirmation #	Payment Amount
LSS	3097411124	\$1.00

[Enroll With Your Current Information](#)

[Return to Home](#)

[Log Out](#)