

BILL.com Instructions

You will receive an email that looks like this:

Thank you for helping give families hope by being a caregiver. We have partnered with BILL and this email is to invite you to create your free vendor account. We have phased out Venmo and CashApp, so if you've previously gotten invoices paid via those methods, you will need to sign up via BILL.

As a reminder, even though BILL has an invoicing system for vendors, we still need you to use the invoicing form on our website via the Caregiver Portal.

If you have any questions, you can contact me at tom@specialneedsrespite.org.

[Accept Invite](#)

Click on the "Accept Invite" button. You will be taken to the BILL.com website to create a free account and see the following screen:

bill

Special Needs Respite, Inc. has invited you to receive payment

ACH
CC

Already have a BILL account? Sign in here

Create an account to get paid

First name* Last name*

Email
****n@gmail.com

Password *

- Use upper and lower case letters
- Use a number or symbol
- Use 12 or more characters

Creating an account means you agree to the Bill.com General Terms of Service and Privacy Notice, and agree that this account will not be used for primarily personal, family, or household purposes.

Create Account

Enter in your first and last name. Your email serves as the login ID. Create a password, then click the "Create Account" button. The next screen is asking for a phone number for a confirmation (either text or phone call). You don't need to check the "Sign me up" checkbox. Enter your number and perform the verification.

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Security

To protect your account we require your password and phone when you login. [Learn more](#)

Receive code by *

Text Phone Call

Country code * Phone number *

+1

Enter digits only

Sign me up for occasional automated text alerts to get invoice and payment statuses, hear about new features, and more. Message and data rates may apply.

Send code

On the next screen, you'll be asked if you want to use BILL.com for activities OTHER than being paid by SNR. For most SNR caregivers, they would click on "Skip this step"

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Let's start by telling us if you plan on using BILL for anything else

Besides getting paid by Special Needs Respite, Inc., choose any other features that might interest you.

I'd like to send invoices and get paid.

I'd like to pay my bills, utilities, or other vendors.

[Skip this step](#)

Next you would identify yourself as a business that SNR is paying or an individual contractor. SNR treats you as a 1099 contractor, so select that option, unless you are a business. Then click the Next button.

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What's your relationship to Special Needs Respite, Inc.?

This will help make sure you get paid properly.

I'm with a business

You are a separate business getting paid by Special Needs Respite, Inc..

I'm an independent contractor

You are a 1099 or similar being paid by Special Needs Respite, Inc..

I'm an employee

You are a W-2 employee of Special Needs Respite, Inc..

[I'm none of the above](#)

Next you will get a screen where you fill in your legal name, phone, and address. Don't worry about the word "Business" on these labels. For **Business Type**, you can select "Individual" unless you are one of the other types. For **Accounting software**, unless you actually want to integrate with software you use, just select "I don't use accounting software," and for **Industry**, select "General Service Based Business." Then click the Next button.



Tell us more about your business

We're looking for your business info and not your customer/client, biller, or employers.

Legal company name or full name ⓘ *

Business phone *

Business address line 1 *

+ Address line 2

City *

State *

ZIP code *

Business type *

Industry *

Accounting software *

[Back](#)

[Next](#)

In the next screen, just enter your legal name again (since you “own” yourself), your Date of Birth, and then either your Social Security Number or EIN (if you’re being paid as a business). Then click Next.



Who owns Cathy Caregiver?

We're looking for your business info and not your customer/client, biller, or employers.

Owner's legal full name *

The name exactly as it appears on a passport or state ID.

Owner's date of birth *

Tax ID *

For legal and tax purposes, we require this information.

Company owner's SSN (9 digits)

Employer Identification Number (9 digits)

Next

On the last screen, enter your bank information for electronic direct deposit, then click “Save and finish.”

Add a bank

We'll use this as your primary bank account for BILL

Account holder name *

Account type *

Routing number (9 Digits) *

Bank name *

Account number (4-17 Digits) *

Re-enter account number *

Need help?

Save and finish