

**The United States Bankruptcy Court  
For The District Of Rhode Island**



**HOW TO PURCHASE A LOCAL  
RULE BOOK ELECTRONICALLY**

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**ONLINE PAYMENT PROGRAM  
WITH PAY.GOV**

# Automated Clearing House (ACH) and/or Debit Card Direct Payment Options

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- The Rhode Island Bankruptcy Court is pleased to announce a new electronic payment method for purchasing local rule books. This new method is called Automated Clearing House (ACH) Direct Debit and Debit Card payments and is processed through Pay.gov.
- Pay.gov is operated by the U.S. Department of Treasury and is a web-based application that allows you to make online payments to government agencies by electronic check, credit card or debit from your personal or business checking or savings accounts.

- If you choose to pay from a checking or savings account (this process is referred to as “Automated Clearing House” or “ACH”), you will need to select an Account Type and enter the appropriate information for your account including:
  - Financial institution routing number
  - Checking or savings account number and
  - Re-enter account number to confirm
- If you choose to pay via Debit card, you will need to select the Debit option and enter the card payment information.





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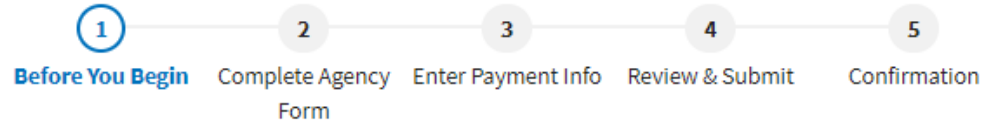
Step By Step Instructions On How To Pay Using Pay.Gov Online  
Payment Program

# Online Payment Form

– Landing Page with  
Basic Instructions

Click at bottom right  
of page: “Continue to  
the Form”

## RIXB Court Filing Fees



### About this form

Use this form to request and pay for searches, copies, certifications, recordings of hearings, filing fees and pay other fees

ONLY FOR THE USBC, DISTRICT OF RHODE ISLAND.

\*\*\*\*\*Debtors in PENDING cases: You must pay with a DEBIT card or BANK ACCOUNT (ACH).\*\*\*\*\*

ECF Registered Users should not use this site, please use ECF for payments.

### Accepted Payment Methods:

- Bank account (ACH)
- PayPal account
- Debit card

### With an account you can:

- See the payments you made since you created an account.
- Store payment information so you don't have to re-enter it.
- Copy a form you already submitted the next time you need to make a payment.

To take advantage of these benefits, you can [Sign In](#) or [Create an Account](#) . To continue as a guest user, click the 'Continue to the Form' button.

[Preview Form](#) [Cancel](#)

[Continue to the Form](#)

### Need Help?

**Contact:**  
Clerks Office

**Email:**  
[Click to email](#)

**Phone:**  
401-626-3100

Online Payment Form –  
Enter Payer Information:


Case Number = 99-999999

Debtors Name = Book

Description = shipping  
address



EMAIL IS NEEDED  
FOR RECEIPT OF  
PAYMENT

 **United States Bankruptcy Court**  
**District of Rhode Island**

**Payer Information**

\* First Name:  MI  \* Last Name:   
\* Telephone:   
\* Email:

**Case Information**

\* Case Number:   
\* Debtor(s) Name(s):   
\* Provide a brief description of the fee being paid:  
  
**Example:** Filing fee, installment payment Ch.7/Ch.13/Ch.11, copies (quantity), certifi to Reopen, Amended Schedules

\* Total Payment:

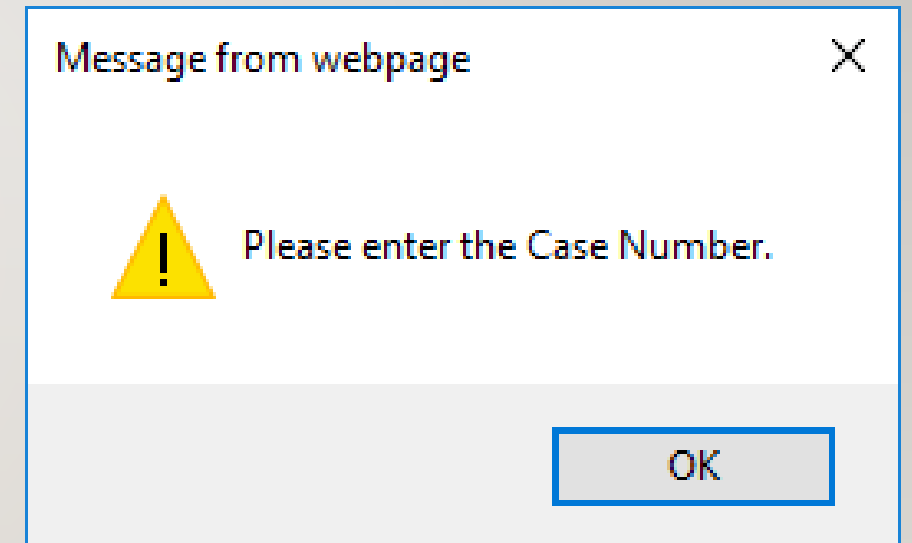
# An Error Message is Displayed if the Case Number, Case Name, Or Description Fields are Blank

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Enter “99-99999” in the case number field.

Enter “Book” in the name field.

Enter your shipping address in the description field.



# Select Type of Payment From List of Options, e.g. Bank Account (ACH)

## Payment Information

Payment Amount \$83.75

**\* I want to pay with my**

- Bank account (ACH)
- PayPal account
- Debit card

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[Cancel](#)



[Next](#)



# Next -- Select Type Of Account – Checking, Savings, Personal or Business

**Select ...**

- Business Checking
- Business Savings
- Personal Checking
- Personal Savings

**Joan E. Hancock**  
75012 Colson Avenue  
Louisville, Kentucky 40225

1000

PAY TO THE ORDER OF \$

AnyBank USA  
Anywhere, USA

MEMO

⑆044008804⑆ 960130629721⑆ 1000

routing and transit #    checking account #    check #

**The Company NAME**  
INCORPORATED  
P.O. BOX 88000 MAIL STATION 089  
DALLAS, TEXAS 75288

No.02468900

DATE 01-19-96

AMOUNT \*\*\*\*\*442.00

PAY TO THE ORDER OF NAME Address State Zip

William B. Wigglesworth

⑆02468905⑆ ⑆031400209⑆ 38728566⑆

check #    routing and transit #    checking account #

# Enter Routing Number And Account Number Information and Confirm

\* Routing Number

042000424

x

\* Account Number

0000000

\* Confirm Account Number

0000000

Case Number

20-100001

Debtor Name

John Smith

Payer Name

John Smith

Phone

401-555-2214

Email

johnsmith25@gmail.com

Description

paying Ch7 installment payment

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[Review and Submit Payment](#)



# Next, the Payment Information Screen will be Presented

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Listing All the Information Inputted

Double Check for Accuracy

## Payment Information

Payment Type: Bank account (ACH)

Payment Amount: \$83.75

Payment Date: 04/24/2020

Case\_Number: 20-100001

Debtor\_Name: John Smith

Payer\_Name: John Smith

Phone: 401-555-2214

Email: johnsmith25@gmail.com

Description: paying Ch7 installment payment

## Account Information

Account Holder Name: John Smith

Routing Number: 042000424

Account Number: \*\*\*\*\*0000

\* Email Address:

johnsmith25@gmail.com

\* Confirm Email Address:

johnsmith25@gmail.com

# Authorization And Disclosure Statement: Check Box To Agree To Authorization

## Authorization and Disclosure Statement

Authorization and Disclosure--Consumers and Businesses  
The debit transaction(s) to which you are agreeing are handled on behalf of Federal agencies by "Pay.gov," which consists of services offered by the U.S. Treasury Department's Bureau of the Fiscal Service. As used in this document, "we" or "us" refers to the Bureau of the Fiscal Service and its agents and contractors operating

[Printable version](#)

\* I agree to the Pay.gov authorization and disclosure statement

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[Submit Payment](#)

## Need Help?


### Contact:

Clerks Office

### Email:

[Click to email](#)

### Phone:

401-626-3100 

Contact Clerks Office with  
Questions

# Submitted Payment And Tracking Information

## Your payment is submitted

You will not be able to access this information once you leave this page. A confirmation email has been sent to johnsmith25@gmail.com.

## Because you are not signed in:

This payment will not show in your payment activity. You can sign in or create an account now and Pay.gov will have a record of your payment.

## To confirm your payment went through:

Check your bank statement or account on the payment date

## For questions or to cancel this transaction:

Contact the federal government agency you paid. Pay.gov is unable to cancel this transaction.

## We value your feedback!

Let us know how we did. Complete our [short two minute survey](#). [↗](#)

## Tracking Information

Pay.gov Tracking ID: 3FPI2QV0

Agency Tracking ID: 120043307956

Form Name: RIXB Court Filing Fees

Application Name: RIXB Payment Form

## Payment Information

Payment Type: Bank account (ACH)

Payment Amount: \$83.75


Transaction Date: 04/22/2020 03:40:15 PM EDT

Payment Date: 04/24/2020

Case Number: 20-100001

Debtor Name: John Smith

Payer Name: John Smith

Phone: 401-555-2214 

Email: johnsmith25@gmail.com

Description: paying Ch7 installment payment

## Account Information

Account Holder Name: John Smith

Routing Number: 042000424

Account Number: \*\*\*\*\*0000

# Process If Selection is Payment By Debit Card

**Payment Information**

Payment Amount \$85.00

**\* I want to pay with my**

Bank account (ACH)

PayPal account

Debit card **Select Debit card**

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**Input information**

\* Payment Amount  
\$85.00

\* Cardholder Name  
John Smith

\* Cardholder Billing Address  
25 East Road

Billing Address 2


City  
Providence, RI

\* Country  
United States

\* State/Province  
Rhode Island

**Add credit card info**

\* Card Number  
5105105105105100

\* Expiration Date  
01 - January 2021

\* Security Code  
998

[What's this?](#)

# Review Payment Information Page for Accuracy

## Payment Information

Payment Type: Debit card

Payment Amount: \$85.00

Case\_Number: 20-99999

Debtor\_Name: John Smith

Payer\_Name: John Smith

Phone: 401-552-2214

Email: jsmith25@gmail.com

Description: chapter 7 installment fee

## Account Information

Cardholder Name: John Smith

Cardholder Billing Address: 25 East Road

Billing Address 2:

City: Providence, RI

Case Number

20-99999

Debtor Name

John Smith

Payer Name

John Smith

Phone

401-552-2214

Email

jsmith25@gmail.com

Description

chapter 7 installment fee

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# Authorization ~ Check Box To Authorize Payment

\* Email Address:

\* Confirm Email Address:

CC:

*You may enter multiple email addresses in this field. Separate email addresses with a comma.*

\* I authorize a charge to my card account for the above amount in accordance with my card issuer agreement.

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**Need Help?**

**Contact:**  
Clerks Office

**Email:**  
[Click to email](#)

**Phone:**  
401-626-3100

Contact Clerks Office with Questions



**Your Payment Has Been Made And Your Book  
Is On The Way  
Congratulations!**

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