

MOVER'S CHOICE

ePayPolicy How-to-Guide



**MOVER'S
CHOICESM**

Moving & Storage Insurance Program

How to Make a One-Time Payment

1 To Make a One-Time Payment,
Visit SPGTransportation.epaypolicy.com

2 Enter Payer Information

MOVER'S CHOICE

Sign In Sign Up

Payer Information

Company Name
Company Name

Email Address
Email Address

Account or Policy Number
Account or Policy Number

Phone Number
Best contact number regarding this payment.

Amount
\$ 0.00

☐ Recurring Payments

Notes
This box is for your reference only. Any information entered here will be displayed on your receipt but will not be viewed or responded to by Mover's Choice.

Attachments

No Attachment Uploaded

Upload Documents

Payment Details

ACH

Amount \$0.00 Fee \$0.00 Total \$0.00

Bank Account Number
Bank Account Holder

Routing Number
Routing Number

Account Number
Account Number

Confirm Account Number
Confirm Account Number

☐ Save my bank account for future use.

☐ By clicking "Complete Payment" I authorize Specialty Program Group LLC to debit my account.

☐ I'm not a biller

Complete Payment

3 Complete Payment Details & Submit
Payment (there is no account sign up
required to make a one-time
payment)

How to Set Up a Recurring Payment

- 1 **Click Sign Up Button** (if you have already created an account, please Sign In)

MOVER'S
CHOICE

Sign In

Sign Up

Payer Information

Company Name

Email Address

Account or Policy Number

Phone Number

Amount

\$ 0.00

Recurring Payments

No

This box is for your reference only. Any information entered here will be displayed on your receipt but will not be viewed or responded to by Mover's Choice.

Attachments

No Attachment Uploaded

Upload Documents

Payment Details

ACH

Credit Card

Amount \$0.00

Total \$0.00

Total \$0.00

Bank Account Number

Routing Number

Bank Account Holder

Resulting Number

Account Number

Cardless Account Number

Account Number

Cardless Account Number

Save my bank account for future use.


By clicking "Complete Payment" I authorize Specialty Program Group LLC to debit my account.

Do not debit

Debit Card

Complete Payment

2 Set Up your Account OR Sign In



MOVER'S CHOICE
Moving & Storage Management Program
Division of Security, Program Office

Get Started Now

Set up your free account below

First Name


Last Name

Email Address

Sign Up

Already have your account? [Sign in here](#)

3 Enter Payer Information



[Sign In](#)
[Sign Up](#)

Payment Information

☐ **Recurring Payments**

Notes

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[Upload Documents](#)

Payment Details


☒ **ACH**

☐ **Credit Card**

Amount	Fed	Total
\$0.00	\$0.00	\$0.00

☐ Save my bank account for future use.

☐ By clicking "Complete Payment" I authorize Signature Program Group LLC to debit my account.

☐ Do not debit
 

[Complete Payment](#)

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To Set Up Recurring Payments, Click Toggle Button

MOVER'S CHOICE

[Scheduled Payments](#) [Sign Out](#)

Payer Information

Company Name: ABC Moving Email Address: email@ABCmoving.com Account or Policy Number: POLICYNUM Phone Number: 123-456-7890

Amount: \$ 500.00

Recurring Payments

Starts: 10/06/2024

Ends: When Cancelled

Every: 1 Frequency: Monthly Duration: Month(s)

Attachments

No Attachments Uploaded [Upload Documents](#)

Payment Details

ACH **Credit Card**

Amount: \$500.00 Fee: \$0.00 Each Payment: \$500.00

Starts: 10/06/24 Ends: When Cancelled Frequency: Every Month

Bank Account Holder: Bank Account Number: Routing Number: Account Number: Confirm Account Number: Confirm Account Number:

☐ Save my bank account for future use.

☐ By clicking "Complete Payment" I authorize Specialty Program Group LLC to debit my account.

☐ Print a label

[Complete Payment](#)

5

Select Amount, Frequency & Duration for Future Payments

6

Complete Payment Details

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Need to Update or Cancel Recurring Payments? Click Scheduled Payments Button

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[Scheduled Payments](#) [Sign Out](#)

Payer Information

Company Name: ABC Moving Email Address: email@ABCmoving.com Account or Policy Number: POLICYNUM Phone Number: 123-456-7890

Amount: \$ 500.00

Recurring Payments

Starts: 10/06/2024

Ends: When Cancelled

Every: 1 Frequency: Monthly Duration: Month(s)

Attachments

No Attachments Uploaded [Upload Documents](#)

Payment Details

ACH **Credit Card**

Amount: \$500.00 Fee: \$0.00 Each Payment: \$500.00

Starts: 10/06/24 Ends: When Cancelled Frequency: Every Month

Bank Account Holder: Bank Account Number: Routing Number: Account Number: Confirm Account Number: Confirm Account Number:

☐ Save my bank account for future use.



☐ By clicking "Complete Payment" I authorize Specialty Program Group LLC to debit my account.

☐ Print a label

[Complete Payment](#)



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To update your payment method, click the pencil icon.

Scheduled Payments									
Payee	Total	Payment Details	Starts	Ends	Completed Payments	Next Payment	Frequency	Status	Actions
Kim's Sandbox Account	\$10.00	12345 ACH	10/23/2024	When Cancelled	1	10/23/2024	Every 1 Month(s)	Active	 

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To cancel your current Recurring Payment, click the circle icon.

Scheduled Payments									
Payee	Total	Payment Details	Starts	Ends	Completed Payments	Next Payment	Frequency	Status	Actions
Kim's Sandbox Account	\$10.00	12345 ACH	10/23/2024	When Cancelled	1	10/23/2024	Every 1 Month(s)	Active	 

To update the amount or frequency of your Recurring Payment, cancel the existing Recurring Payment and set up a new Recurring Payment.