



Bills, Accounts & Passwords Tracker

A Caregiver's Binder-Ready Financial Organizer

Household / Patient Name:

Caregiver Name:

Date Started:

Everything in one place — no more digging through drawers or guessing due dates. Print each section, hole-punch, and organize with tabbed dividers for easy access.

⚠️ *Keep this binder in a secure, private location. Consider using password hints instead of full passwords for added safety.*

Monthly Bills at a Glance

Use this page as your master overview. List every recurring bill so you can see the full picture at a glance.

Bill / Account Name	Due Date (Day of Month)	Estimated Amount	Payment Method	<input type="checkbox"/> Paid
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Monthly Total (Estimated): \$

Notes:

Bill Payment Log

Track each payment as it's made. Use one box per payment for a clear record.

Date Paid:

Bill / Account:

Amount Paid: \$

Payment Method: Online Phone Check Autopay In-Person

Confirmation #:

Notes:

Confirmed / Cleared

Date Paid:

Bill / Account:

Amount Paid: \$

Payment Method: Online Phone Check Autopay In-Person

Confirmation #:

Notes:

Confirmed / Cleared

Date Paid:

Bill / Account:

Amount Paid: \$

Payment Method: Online Phone Check Autopay In-Person

Confirmation #:

Notes:

Confirmed / Cleared

Date Paid:

Bill / Account:

Amount Paid: \$

Payment Method: Online Phone Check Autopay In-Person

Confirmation #:

Notes:

Confirmed / Cleared

Date Paid:

Bill / Account:

Amount Paid: \$

Payment Method: Online Phone Check Autopay In-Person

Confirmation #:

Notes:

Confirmed / Cleared

Date Paid:

Bill / Account:

Amount Paid: \$

Payment Method: Online Phone Check Autopay In-Person

Confirmation #:

Notes:

Confirmed / Cleared

Date Paid:

Bill / Account:

Amount Paid: \$

Payment Method: Online Phone Check Autopay In-Person

Confirmation #:

Notes:

Confirmed / Cleared

Date Paid:

Bill / Account:

Amount Paid: \$

Payment Method: Online Phone Check Autopay In-Person

Confirmation #:

Notes:

Confirmed / Cleared

Date Paid:

Bill / Account:

Amount Paid: \$

Payment Method: Online Phone Check Autopay In-Person

Confirmation #:

Notes:

Confirmed / Cleared

Date Paid:

Bill / Account:

Amount Paid: \$

Payment Method: Online Phone Check Autopay In-Person

Confirmation #:

Notes:

Confirmed / Cleared

Account Information Directory

Keep all account details in one place. Fill in each box with the key info you'd need to call, log in, or make a payment.

Account Name / Provider:

Account Number:

Customer Service Phone:

Website:

Mailing Address:

Payment Due Date:

Autopay Set Up? Yes No

Notes:

Account Name / Provider:

Account Number:

Customer Service Phone:

Website:

Mailing Address:

Payment Due Date:

Autopay Set Up? Yes No

Notes:

Account Name / Provider:

Account Number:

Customer Service Phone:

Website:

Mailing Address:

Payment Due Date:

Autopay Set Up? Yes No

Notes:

Account Name / Provider:

Account Number:

Customer Service Phone:

Website:

Mailing Address:

Payment Due Date:

Autopay Set Up? Yes No

Notes:

Account Name / Provider:

Account Number:

Customer Service Phone:

Website:

Mailing Address:

Payment Due Date:

Autopay Set Up? Yes No

Notes:

Account Name / Provider:

Account Number:

Customer Service Phone:

Website:

Mailing Address:

Payment Due Date:

Autopay Set Up? Yes No

Notes:

Account Name / Provider:

Account Number:

Customer Service Phone:

Website:

Mailing Address:

Payment Due Date:

Autopay Set Up? Yes No

Notes:

Account Name / Provider:

Account Number:

Customer Service Phone:

Website:

Mailing Address:

Payment Due Date:

Autopay Set Up? Yes No

Notes:

Account Name / Provider:

Account Number:

Customer Service Phone:

Website:

Mailing Address:

Payment Due Date:

Autopay Set Up? Yes No

Notes:

Account Name / Provider:

Account Number:

Customer Service Phone:

Website:

Mailing Address:

Payment Due Date:

Autopay Set Up? Yes No

Notes:

Password & Login Tracker

Record login details for each account. For security, consider writing password hints instead of full passwords. Keep this binder in a secure location.

Account / Website:

Username / Email:

Password or Hint:

Security Question:

Security Answer or Hint:

PIN (if applicable):

Date Last Updated:

Notes:

Account / Website:

Username / Email:

Password or Hint:

Security Question:

Security Answer or Hint:

PIN (if applicable):

Date Last Updated:

Notes:

Account / Website:

Username / Email:

Password or Hint:

Security Question:

Security Answer or Hint:

PIN (if applicable):

Date Last Updated:

Notes:

Account / Website:

Username / Email:

Password or Hint:

Security Question:

Security Answer or Hint:

PIN (if applicable):

Date Last Updated:

Notes:

Account / Website:

Username / Email:

Password or Hint:

Security Question:

Security Answer or Hint:

PIN (if applicable):

Date Last Updated:

Notes:

Account / Website:

Username / Email:

Password or Hint:

Security Question:

Security Answer or Hint:

PIN (if applicable):

Date Last Updated:

Notes:

Account / Website:

Username / Email:

Password or Hint:

Security Question:

Security Answer or Hint:

PIN (if applicable):

Date Last Updated:

Notes:

Account / Website:

Username / Email:

Password or Hint:

Security Question:

Security Answer or Hint:

PIN (if applicable):

Date Last Updated:

Notes:

Account / Website:

Username / Email:

Password or Hint:

Security Question:

Security Answer or Hint:

PIN (if applicable):

Date Last Updated:

Notes:

Account / Website:

Username / Email:

Password or Hint:

Security Question:

Security Answer or Hint:

PIN (if applicable):

Date Last Updated:

Notes:

Autopay & Recurring Payments

List everything that's set to autopay so you know exactly what's being charged and when. Review monthly to catch any changes.

Service / Bill Name	Amount	Charge Date	Payment Source	<input type="checkbox"/> Active
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Total Monthly Autopay: \$

Last Reviewed:

Insurance & Benefits Accounts

Keep all insurance policy info together. Bring this page when visiting providers or filing claims.

Insurance Type: Health Dental Vision Auto Home/Renters Life Other:

Provider / Company:

Policy Number:

Group Number (if applicable):

Member ID:

Customer Service Phone:

Website / Portal:

Monthly Premium: \$

Payment Method:

Notes:

Insurance Type: Health Dental Vision Auto Home/Renters Life Other:

Provider / Company:

Policy Number:

Group Number (if applicable):

Member ID:

Customer Service Phone:

Website / Portal:

Monthly Premium: \$

Payment Method:

Notes:

Insurance Type: Health Dental Vision Auto Home/Renters Life Other:

Provider / Company:

Policy Number:

Group Number (if applicable):

Member ID:

Customer Service Phone:

Website / Portal:

Monthly Premium: \$

Payment Method:

Notes:

Insurance Type: Health Dental Vision Auto Home/Renters Life Other:

Provider / Company:

Policy Number:

Group Number (if applicable):

Member ID:

Customer Service Phone:

Website / Portal:

Monthly Premium: \$

Payment Method:

Notes:

Insurance Type: Health Dental Vision Auto Home/Renters Life Other:

Provider / Company:

Policy Number:

Group Number (if applicable):

Member ID:

Customer Service Phone:

Website / Portal:

Monthly Premium: \$

Payment Method:

Notes:

Insurance Type: Health Dental Vision Auto Home/Renters Life Other:

Provider / Company:

Policy Number:

Group Number (if applicable):

Member ID:

Customer Service Phone:

Website / Portal:

Monthly Premium: \$

Payment Method:

Notes:

Utility & Service Accounts

Track every utility and household service — from electric to internet to trash pickup.

Service Type: Electric Gas Water Internet Phone Cable/Streaming Trash

Other:

Provider:

Account Number:

Customer Service Phone:

Website:

Monthly Due Date:

Average Monthly Cost: \$

Autopay? Yes No

Notes:

Service Type: Electric Gas Water Internet Phone Cable/Streaming Trash

Other:

Provider:

Account Number:

Customer Service Phone:

Website:

Monthly Due Date:

Average Monthly Cost: \$

Autopay? Yes No

Notes:

Service Type: Electric Gas Water Internet Phone Cable/Streaming Trash

Other:

Provider:

Account Number:

Customer Service Phone:

Website:

Monthly Due Date:

Average Monthly Cost: \$

Autopay? Yes No

Notes:

Service Type: Electric Gas Water Internet Phone Cable/Streaming Trash

Other:

Provider:

Account Number:

Customer Service Phone:

Website:

Monthly Due Date:

Average Monthly Cost: \$

Autopay? Yes No

Notes:

Service Type: Electric Gas Water Internet Phone Cable/Streaming Trash

Other:

Provider:

Account Number:

Customer Service Phone:

Website:

Monthly Due Date:

Average Monthly Cost: \$

Autopay? Yes No

Notes:

Service Type: Electric Gas Water Internet Phone Cable/Streaming Trash

Other:

Provider:

Account Number:

Customer Service Phone:

Website:

Monthly Due Date:

Average Monthly Cost: \$

Autopay? Yes No

Notes:

Service Type: Electric Gas Water Internet Phone Cable/Streaming Trash

Other:

Provider:

Account Number:

Customer Service Phone:

Website:

Monthly Due Date:

Average Monthly Cost: \$

Autopay? Yes No

Notes:

Service Type: Electric Gas Water Internet Phone Cable/Streaming Trash

Other:

Provider:

Account Number:

Customer Service Phone:

Website:

Monthly Due Date:

Average Monthly Cost: \$

Autopay? Yes No

Notes:

Subscriptions & Memberships

List all subscriptions and memberships — streaming services, gym, meal delivery, magazines, apps, etc.
Review quarterly to cancel anything unused.

Service Name:

Type: Streaming Membership App Magazine/News Meal/Delivery Other:

Monthly / Annual Cost: \$

Billing Cycle: Monthly Quarterly Annually

Renewal Date:

Payment Source:

Cancel By (to avoid charge):

Still Using

Service Name:

Type: Streaming Membership App Magazine/News Meal/Delivery Other:

Monthly / Annual Cost: \$

Billing Cycle: Monthly Quarterly Annually

Renewal Date:

Payment Source:

Cancel By (to avoid charge):

Still Using

Service Name:

Type: Streaming Membership App Magazine/News Meal/Delivery Other:

Monthly / Annual Cost: \$

Billing Cycle: Monthly Quarterly Annually

Renewal Date:

Payment Source:

Cancel By (to avoid charge):

Still Using

Service Name:

Type: Streaming Membership App Magazine/News Meal/Delivery Other:

Monthly / Annual Cost: \$

Billing Cycle: Monthly Quarterly Annually

Renewal Date:

Payment Source:

Cancel By (to avoid charge):

Still Using

Service Name:

Type: Streaming Membership App Magazine/News Meal/Delivery Other:

Monthly / Annual Cost: \$

Billing Cycle: Monthly Quarterly Annually

Renewal Date:

Payment Source:

Cancel By (to avoid charge):

Still Using

Service Name:

Type: Streaming Membership App Magazine/News Meal/Delivery Other:

Monthly / Annual Cost: \$

Billing Cycle: Monthly Quarterly Annually

Renewal Date:

Payment Source:

Cancel By (to avoid charge):

Still Using

Service Name:

Type: Streaming Membership App Magazine/News Meal/Delivery Other:

Monthly / Annual Cost: \$

Billing Cycle: Monthly Quarterly Annually

Renewal Date:

Payment Source:

Cancel By (to avoid charge):

Still Using

Service Name:

Type: Streaming Membership App Magazine/News Meal/Delivery Other:

Monthly / Annual Cost: \$

Billing Cycle: Monthly Quarterly Annually

Renewal Date:

Payment Source:

Cancel By (to avoid charge):

Still Using

Service Name:

Type: Streaming Membership App Magazine/News Meal/Delivery Other:

Monthly / Annual Cost: \$

Billing Cycle: Monthly Quarterly Annually

Renewal Date:

Payment Source:

Cancel By (to avoid charge):

Still Using

Service Name:

Type: Streaming Membership App Magazine/News Meal/Delivery Other:

Monthly / Annual Cost: \$

Billing Cycle: Monthly Quarterly Annually

Renewal Date:

Payment Source:

Cancel By (to avoid charge):

Still Using

Annual & Seasonal Bills

Don't get surprised by once-a-year bills. Track them here so you can plan ahead.

Bill / Expense:

Category: Property Tax Car Registration Insurance (Annual) HOA License Renewal
Membership Other:

Due Date / Month:

Estimated Amount: \$

Payment Method:

Notes:

Paid

Bill / Expense:

Category: Property Tax Car Registration Insurance (Annual) HOA License Renewal
Membership Other:

Due Date / Month:

Estimated Amount: \$

Payment Method:

Notes:

Paid

Bill / Expense:

Category: Property Tax Car Registration Insurance (Annual) HOA License Renewal

Membership Other:

Due Date / Month:

Estimated Amount: \$

Payment Method:

Notes:

Paid

Bill / Expense:

Category: Property Tax Car Registration Insurance (Annual) HOA License Renewal

Membership Other:

Due Date / Month:

Estimated Amount: \$

Payment Method:

Notes:

Paid

Bill / Expense:

Category: Property Tax Car Registration Insurance (Annual) HOA License Renewal

Membership Other:

Due Date / Month:

Estimated Amount: \$

Payment Method:

Notes:

Paid

Bill / Expense:

Category: Property Tax Car Registration Insurance (Annual) HOA License Renewal

Membership Other:

Due Date / Month:

Estimated Amount: \$

Payment Method:

Notes:

Paid

Bill / Expense:

Category: Property Tax Car Registration Insurance (Annual) HOA License Renewal

Membership Other:

Due Date / Month:

Estimated Amount: \$

Payment Method:

Notes:

Paid

Bill / Expense:

Category: Property Tax Car Registration Insurance (Annual) HOA License Renewal

Membership Other:

Due Date / Month:

Estimated Amount: \$

Payment Method:

Notes:

Paid

Emergency Financial Contacts

Keep this page at the front or back of your binder. If someone else needs to step in, this page gives them what they need.

Contact / Institution	Type	Phone	Account #

Types: Bank, Credit Union, Financial Advisor, Attorney, Accountant, Insurance Agent, etc.

Primary Banking Information

Primary Bank:

Primary Bank Phone:

Power of Attorney on File? Yes No **Location of Document:**

Review this tracker monthly. Update any changes immediately.

You've got this. 