

ITSPG
16885 W. Bernardo Drive, Suite 300
San Diego, CA 92127
800-211-2860 x 106
CHECK BY FAX

To: Accounting Department From: _____

Fax To: (858) 613-0250 Pages: _____

Date: _____ Your Phone: _____

I/WE AUTHORIZE WINTER GROUP, INC. TO USE THIS TRANSMISSION TO
CREATE A DUPLICATE CHECK TO BE DEPOSITED IN ITSPG'S BANK ACCOUNT
TO MAKE A PREMIUM PAYMENT TOWARDS:

Insured Name: _____

Insurance Policy Number: _____

Please attach copy of original check made out to ITSPG in this space or on an
additional page.
Sign Authorization below and fax back to
ITSPG @ (858) 613-0250.

*Please do not mail original check to ITSPG.
We DO NOT need it.*

Authorized Signature: _____ 

Printed Name: _____