

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

To: Accounting Department From: _____

Fax (fine setting) to: (858)444-3261 Pages: _____

Date: _____ Your Phone: _____

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

Insured Name: _____

Insurance Policy Number: _____

Please attach copy of original check made out to Winter Group, Inc. in this space
or on additional page.

Sign Authorization below and fax with finest setting back to
Winter Group, Inc. @ (858) 444-3261.

(You may scan and send by email a PDF copy of the check if preferred.)

*Please do not mail original check to Winter Group, Inc.
We DO NOT need it.*

Authorized Signature: _____ 

Printed Name: _____