



P.O. Box 469 Sandy, UT 84091-0469
 Phone: 1-800-321-1493 Fax: 1-800-666-9011
 E-Mail: woga@insureguides.com
 Web Site: www.insureguides.com

PAY BY WIRE, FAX, OR MAIL

**YOUR COVERAGE WILL BE BOUND ON THE DAY WE RECEIVE
 YOUR FUNDS, OR ON YOUR PRESENT EFFECTIVE DATE.**

Member: _____ Customer #: _____ Quote #: _____

Member's Address: _____

You may send your payment by any of the following methods:

BANK WIRE	CHECK VIA OVERNIGHT OR EXPRESS MAIL	CHECK BY FAX
Account Name: Worldwide Outfitter and Guides Association Incorporated Bank Name: Bank of American Fork Telephone: 801-428-0532 Routing No.: 124301025 Account No.: 07110026	WOGA Association Office 8722 S. Harrison St. Sandy, UT 84070	Fax: 800-666-9011 E-mail: woga@insureguides.com Phone: 800-321-1493

CHECK:

Checks received may be processed electronically. The Association, through its bank, has the ability to provide EFT (Electronic Fund Transfer) checks for processing rather than submitting a paper copy of the check to the bank. Funds transfer in the same manner if transacted electronically or by submitting a paper check to the bank, except funds transfer the day the information is received with electronic processing rather than within a few business days with a paper check. Electronically processed transactions appear on your bank statement just as hand submitted checks do.

CHECK BY FAX:

1. Make out physical check, payable to WOGA. Date and sign the check, but do not mail it.
2. Complete and sign the authorization, giving us permission to convert check to an Automated Clearing House (ACH).
3. Tape the check to this form, where indicated at the bottom. Fax this form and check to 800-690-6118.
4. Keep this form and original check. DO NOT MAIL IT.

TAPE ORIGINAL CHECK HERE

Be sure to include a copy of your Indication Quote with your fax transmission. If you choose to use a payment plan through Greenlight Premium Finance Company, then also sign and send in the Finance Estimate form.

SERVICE FEE:

The Association reserves the right to collect directly from your account a processing fee of \$25 for any incomplete transaction due to insufficient funds in your account (i.e. a "bounced check").

AUTHORIZATION

I, the undersigned on behalf of the Named Insured, authorize the Association to charge the account as indicated above.

Signature and Title

Date

Print Name and Title