



THE MAIN STREET AMERICA GROUP

ELECTRONIC FUNDS TRANSFER (EFT)

NGM Insurance Company

Old Dominion Insurance Company

Main Street America Assurance Company

MSA Insurance Company

POLICYHOLDER'S NAME

ACCOUNT NUMBER

I (we) hereby authorize ☐ NGM Insurance Company, ☐ Old Dominion Insurance Company, ☐ Main Street America Assurance Company, ☐ MSA Insurance Company to initiate debit entries, and, if necessary, credit entries and adjustments for any debits in error, to my (our) ☐ Checking ☐ Savings account indicated at the financial institution named below. I (we) understand that the financial institution or NGM Insurance Company, Old Dominion Insurance Company, Main Street America Assurance Company or MSA Insurance Company reserve the right to terminate this payment plan and/or my (our) participation in it. At any time, I (we) may elect to discontinue my (our) enrollment in this plan. If I (we) choose to do so, I (we) will provide a 30-day written notice. (Insured must pay any outstanding bills before EFT can take effect.)

Please attach a voided check with this form.

BANK NAME

BRANCH

CITY

STATE

ZIP

ACCOUNT NAME

BANK TRANSIT ROUTING NUMBER

CHECKING OR SAVINGS ACCOUNT NUMBER

SIGNATURE

DATE

☐ Deposit only ☐ Deposit and Installments

Mail completed form to:
The Main Street America Group
Premium Services
P.O. Box 2004
Keene, NH 03431