



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