

The Main Street America Group's *Automatic Payment Service* (EFT)



THE
MAIN
STREET
AMERICA
GROUP

Automatic Payment Service for 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.

Please attach a voided check or savings deposit slip with this form.

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Account Name: _____ Bank Transit Routing Number: _____

Account Number: _____

Signature: _____ Date: _____

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