



THE MAIN STREET AMERICA GROUP



ELECTRONIC FUNDS TRANSFER (EFT)

POLICYHOLDER'S NAME

ACCOUNT NUMBER

I (we) hereby authorize Great Lakes Casualty Insurance Company, NGM Insurance Company, Old Dominion Insurance Company, Main Street America Assurance Company, MSA Insurance Company to initiate debit entries to my (our) Checking Savings account indicated at the financial institution named below. I (we) understand that the financial institution or Great Lakes Casualty Insurance Company, 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**