



THE MAIN STREET AMERICA GROUP



# ELECTRONIC FUNDS TRANSFER (EFT)

POLICYHOLDER'S NAME

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ACCOUNT NUMBER

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I (we) hereby authorize  Great Lakes Casualty Insurance Company,  NGM Insurance Company,  Old Dominion Insurance Company,  Main Street America Assurance Company,  MSA Insurance Company,  Grain Dealers Mutual Insurance Company,  Spring Valley Mutual Insurance Company,  Main Street America Protection 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, MSA Insurance Company, Grain Dealers Mutual Insurance Company, Spring Valley Mutual Insurance Company or Main Street America Protection 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.)

BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_ BANK TRANSIT ROUTING NUMBER \_\_\_\_\_

CHECKING OR SAVINGS ACCOUNT NUMBER

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Deposit only     Deposit and Installments

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

**Or, fax the form and voided check to (603) 358-1679.**