

INSURED

ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT



THE MAIN STREET AMERICA GROUP



NGM Insurance Company
Old Dominion Insurance Company • Austin Mutual Insurance Company
Grain Dealers Mutual Insurance Company • Main Street America Assurance Company
MSA Insurance Company • Spring Valley Mutual Insurance Company
Main Street America Protection Insurance Company

CONTACT AND BANK INFORMATION:

POLICYHOLDER'S NAME

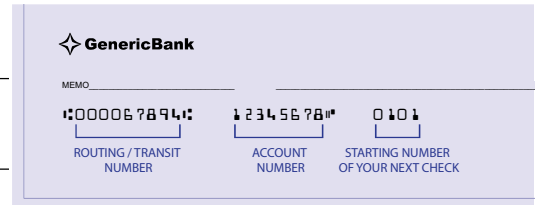
MAIN STREET AMERICA ACCOUNT/POLICY NUMBER

Bank Account Type (select one): Checking Account Savings Account

BANK NAME

9-DIGIT ROUTING NUMBER:

BANK ACCOUNT NUMBER:



Select one:

- Please debit my account for the current installment due and all future installments.
- Please debit my account for the new business deposit only.

Note: Your EFT monthly withdrawals will occur each month based on the effective date of your policy.

I (we) hereby authorize NGM Insurance Company to initiate debit entries to our bank account indicated at the financial institution named above. I (we) understand that NGM Insurance Company and its affiliates, listed in the header above, 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.

AUTHORIZED SIGNATURE ON BANK ACCOUNT

DATE

Note: To add an electronic signature, click on the box above. If adding it for the first time, select "A new digital ID I want to create now" and then "New PKCS #12 digital ID file" and then complete the remaining steps.

SUBMIT COMPLETED FORM VIA:



EMAIL

BillingServices@msagroup.com

Note: Click on "File" and then "Send File" or "Attach to Email" to automatically email completed form.



FAX

(866) 420-8141



MAIL

The Main Street America Group

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