

# ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT

## for Insured



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:  Checking Account  Savings Account

BANK NAME

9-DIGIT ROUTING NUMBER:

BANK ACCOUNT NUMBER:

GenericBank

MEMO

00006789412 1234567890 0101

ROUTING / TRANSIT NUMBER ACCOUNT NUMBER STARTING NUMBER OF YOUR NEXT CHECK

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](mailto: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

Premium Services

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