



**MAIN  
STREET  
AMERICA  
GROUP**

## Signing up for Main Street America Group's Automatic Payment Service is as simple as 1-2-3.

Since we introduced our Easy Street Payment Plan a few months ago, our customers have opted for our convenient, simple and efficient Automatic Payment Service. Their monthly premium payments are automatically deducted from a designated checking or savings account. That means no more monthly checks, no more late payment worries and no more monthly payment fees. *We do all the work.*

Here's all you have to do to take advantage of the Automatic Payment Service right away:

- 1 Fill in the form below with the name of the appropriate insurance company to authorize deducting your monthly premium payment from a checking or savings account.
- 2 Write in the name of the financial institution where the checking or savings account is located.
- 3 Attach a voided check or savings deposit slip from the appropriate account and mail the application to your agent.

**APS is safe** -- you'll be able to verify the deduction on your monthly bank statement, and we'll send a monthly statement verifying the amount we've deducted and the date of the withdrawal.

**APS is convenient** -- if for any reason you no longer want to participate in the program, all you have to do is send us a note telling us of your request.

**APS is simple** -- if for any reason you find a discrepancy in the deduction, just call your agent.

*Remember, our Automatic Payment Service will put you on Easy Street!*



**MAIN  
STREET  
AMERICA  
GROUP**

### Automatic Payment Service for National Grange Mutual Insurance Company Old Dominion Insurance Company Main Street America Assurance Company

Policyholder's Name: \_\_\_\_\_

NGM/ODIC/MSAA Account Number: \_\_\_\_\_

I (we) hereby authorize *National Grange Mutual Insurance Company* ( ) *Old Dominion Insurance Company* ( ), *Main Street America Assurance 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 understand that the financial institution or National Grange Mutual Insurance Company, Old Dominion Insurance Company or Main Street America Assurance 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 enrollment in this plan. If I choose to do so, I will provide a 30-day written notice. *Please attach 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: \_\_\_\_\_