



At MMG Insurance, we know how much time and energy it takes to run a household these days. We believe in making our policyholders' lives easier whenever possible and that's exactly what we've done for thousands of commercial and residential customers for over 100 years.

To learn more about what we can do for you, please contact your agent.



Protecting your piece of the world™

MMG Insurance

P.O. Box 729 44 Maysville Street Presque Isle, ME 04769-0729

10 Ferry Street Concord, NH 03301-5081

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THE EASIEST WAY TO PAY YOUR INSURANCE PREMIUMS



One Monthly Payment— No Installment Fees

Our Freedom Plan is designed to make paying your premium as easy as possible. Be sure to ask about our Portfolio Program where we can combine multiple insurance policies onto a single bill.

WITH MMG INSURANCE, YOU GET THE STRENGTH AND STABILITY OF A CENTURY-OLD BUSINESS WITH AN UNWAVERING COMMITMENT TO CUSTOMER SATISFACTION.

How Do I Enroll?

Complete and sign the attached Authorization Agreement.

Enclose a voided check from your checking account or a deposit slip from your savings account that includes your routing number.

If you are a new customer, you can enroll immediately. If you are an existing customer, you can enroll in the Freedom Plan on your renewal date.

How Am I Informed?

A notification will be mailed to you confirming the amount and date of future withdrawals.

A change to your policy will generate a new monthly with-drawal schedule.

How does the Freedom Plan work with other policies in my Portfolio?

The Portfolio Program is a great way to save money on your insurance premiums by receiving discounts on multiple policies. The Freedom Plan within your Portfolio:

- Includes all policies except escrow-billed homeowner policies.
- Provides one bill along with one premium withdrawal date that you select.
- Automatically includes any new policies that are added.



Authorization Agreement for Electronic Funds Transfer (EFT) MMG Insurance's "Freedom Plan"

CUSTOMER INFORMATION

Name:		
Policy #:		
Name and Address of Bank:		
Type of Account: (circle one)	Checking	Savings
Account #:		
ABA#:		
(9 digit number between the two co	lons on the botton	n of your check)
Name as it appears on your ban	ık account:	
Date you wish to have funds wi	thdrawn: (circle	one) 5th 20th
TERMS OF AGREEMENT		
I hereby request and authorize my bank account as payments agree that if a debit/credit is dis liability if the dishonored debit insurance. This authority is to Insurance and the above name me of its termination. No payn deemed to have been made un receives actual credit.	for my policy(ies shonored, the ba /credit results in remain in full fo d bank have wri nent to MMG In	s) become due. Ink shall have no the forfeiture of orce until MMG tten notice from surrance shall be
Signature of Bank Account Hol	der:	
_		
Date:		

Mail this completed form and a VOIDED check to: MMG Insurance, P.O. Box 729 Presque Isle, Maine 04769-0729