



Customer Service Phone Number 1-800-440-5020
Email Questions: billingquestions@thezenith.com

ELECTRONIC DEBIT AUTHORIZATION

POLICYHOLDER INFORMATION

INSURED NAME/DBA:

POLICY NUMBER:

ACCOUNT NUMBER: Report Period (Self-bill):

BANK ACCOUNT INFORMATION

Bank Name:

Account Type: Checking Saving

AMOUNT:

Bank Routing/Transit Number (9 digits):

Account Number:

CHECK SAMPLE

Routing/Transit Number
Always 9 digits.

Account Number
Location varies, up to 17 digits.

I understand I presently have these funds available in my account to process this draft. This is to be done on a **one time** only basis. This authorization is solely for the purpose of premium payment to Zenith Insurance Company.

SIGNATURE: DATE:

FAX YOUR INFORMATION TO PREMIUM PROCESSING DEPARTMENT AT (818) 340-5231
Faxing your payment before 3:30 pm (PST) will post to your account next business day, after 3:30 pm will post on second business day.