



Customer Service Phone Number 1-800-440-5020  
Email Questions: [billingquestions@thezenith.com](mailto:billingquestions@thezenith.com)

### ELECTRONIC DEBIT AUTHORIZATION

#### POLICYHOLDER INFORMATION

INSURED NAME/DBA:	<input type="text"/>		
POLICY NUMBER:	<input type="text"/>		
ACCOUNT NUMBER:	<input type="text"/>	Report Period (Self-bill):	<input type="text"/>

#### BANK ACCOUNT INFORMATION

Bank Name:	<input type="text"/>		
Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Saving	
AMOUNT:	<input type="text"/>		
Bank Routing/Transit Number (9 digits):	<input type="text"/>		
Account Number:	<input type="text"/>		
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"><p style="text-align: center;">CHECK SAMPLE</p><table style="width: 100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; padding: 2px; text-align: center;"><b>072430052</b></td><td style="border: 1px solid black; padding: 2px; text-align: center;"><b>001306825</b></td></tr></table></div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"><div style="text-align: center;"><p><b>Routing/Transit Number</b> <small>Always 9 digits.</small></p></div><div style="text-align: center;"><p><b>Account Number</b> <small>Location varies, up to 17 digits.</small></p></div></div>		<b>072430052</b>	<b>001306825</b>
<b>072430052</b>	<b>001306825</b>		

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:	<input type="text"/>	DATE:	<input type="text"/>
------------	----------------------	-------	----------------------

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