



SIGN UP for **AUTOMATIC** **BILL PAY**

Give yourself one less thing to think about.

Zenith's automatic bill pay program allows you to set up recurring payments for your workers' compensation premium. Rid yourself of the hassle of remembering when your bill is due, writing a check, and finding a stamp to mail in your payment!

Getting Signed Up

Complete the "Electronic Premium Payment Authorization" form (on the back) and send it to Zenith along with a voided check. Enrollment is free and can be done at any time!

Draw Dates and Options

If your policy inception date is between the 25th-10th of the month, your draw date is the 20th; between the 11th-24th, your draw date is the 10th. If the 10th or the 20th falls on a weekend, funds will be drafted the next business day. You will continue to receive invoices, however the payment coupon will show a draw date, rather than a due date.

Enrollment Period

Your enrollment authorization will remain in effect unless you are notified by Zenith of termination or you send Zenith a written request to unenroll from automatic bill pay.

Final Audit Premium Payments

Any necessary final audit premium payments must be paid by check or credit card, rather than automatic bill pay. If the final audit payment is not made, your policy could be canceled for nonpayment. You may contact customer service at (800) 440-5020 to learn more about our one time payment options.

Questions? Call us at 1-800-440-5020 or Email BillingQuestions@thezenith.com

www.TheZenith.com/Forms — Underwriting Forms

Electronic Premium Payment Form



Zenith Insurance Company
Premium Processing
21255 Califa Street
Woodland Hills, CA 91367-5021



Questions: (800) 440-5020
Hours of Operation: 5:30 a.m. to 5 p.m. PT



billingquestions@thezenith.com

Electronic Premium Payment Authorization

Zenith is authorized to deduct premium payments and initiate credit entries as necessary on behalf of Zenith Insurance Company. All such debit and credit entries shall be made to the account indicated below and the bank named below is authorized to debit and credit these entries to the account designated below.

Bank Name/ Branch _____		Bank Phone No. () _____
City _____	State _____	Zip _____
Transit/ABA No. _____		Account No. _____

What type of Account is this?

Checking Savings

To ensure accuracy, please attach a voided or canceled check from your account.

This authorization will remain in effect until Zenith is notified in writing of its termination. The notice of termination must afford Zenith and the banking institution reasonable opportunity to act on it. The undersigned represents and warrants that it is authorized and empowered to execute this authorization for the purposes specified herein and indemnifies and holds Zenith harmless from any damage, loss or claims resulting from Zenith's authorized actions hereunder.

Insured Company Name _____		Phone No. () _____
Address _____		
City _____	State _____	Zip _____
Policy/Prospect No. (if available) _____		Email _____

DRAW DATE: Your draw date will be based on the inception date of your policy. If your inception date is between the 25th-10th, your draw date is the 20th; between the 11th-24th, your draw date is the 10th.

Payment Plan:

_____ down payment _____

NOTE: Payments will be adjusted for quarterly self-audits, payroll/class code changes, experience modification changes, and other routine matters affecting your premium. You will be notified prior to your chosen draw date.

The person who signs below, must have signatory authority on the designated account.

Name (please print) _____	Title _____
Signature _____	Date _____

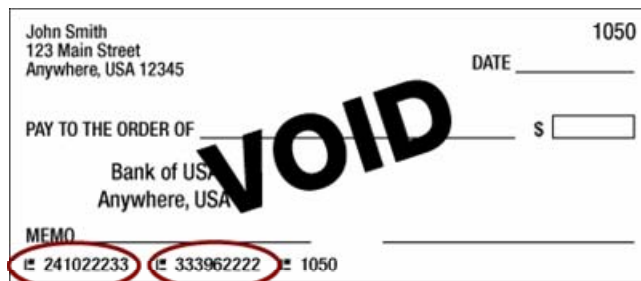
How to Return this Form:

Fax this form, along with a copy of a voided check from your account to (818) 340-5231.

OR, Mail this completed form, along with a voided check from your account, to:

Zenith Insurance Company
c/o Premium Processing
21255 Califa Street
Woodland Hills, CA 91367-5021

Example Location of Bank Numbers:



Transit/ABA No. Account No.

For Internal Use Only:

Premium Specialist: _____ Agency Name: _____ Agency Code: _____