



Customer Service Phone Number 1-800-440-5020
Email Questions: 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"/>		
<p>CHECK SAMPLE</p> <p>072430052 001306825</p> <p>Routing/Transit Number Account Number Always 9 digits. Location varies, up to 17 digits.</p>			

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"/>
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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.