



Customer Service: 800-440-5020
Email Questions: agbilling@thezenith.com

ELECTRONIC DEBIT AUTHORIZATION

POLICYHOLDER INFORMATION

INSURED NAME/DBA:

ACCOUNT NUMBER:

BANK ACCOUNT INFORMATION

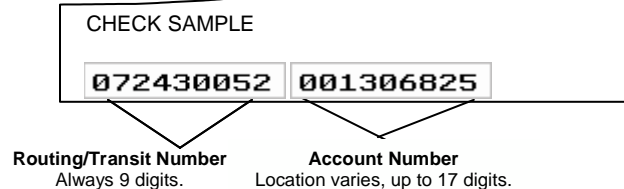
Bank Name:

Account Type: ☐ Checking ☐ Saving

AMOUNT:

Bank Routing/Transit Number (9 digits):

Account Number:



I understand I must presently have these funds available in my account to process this draft. This is to be done on only a **one-time** 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

Payments received before 3:30 p.m. (Pacific) will post to your account on the same business day. Payments received after 3:30 p.m. will post on the next business day.