

Name: \_\_\_\_\_

Wellness Advocate ID: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Step 2: Bank Account Details**

Please update my banking details as noted below:

IBAN: \_\_\_\_\_

Swift: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Step 3: Submit**

**E-mail:** Please scan and return to [eudeposits@doterra.com](mailto:eudeposits@doterra.com).

**Step 4: Authorise Authorisation Statement**

By signing this Direct Deposit Authorisation form below you are agreeing to the following:

- I authorise dōTERRA and the bank listed above to deposit my commissions into my bank account.
- If funds to which I am not entitled are deposited to my account, I authorise dōTERRA to direct the bank to return said funds to the company.
- I understand it is my responsibility to ensure dōTERRA has the correct bank details.
- I understand that this amendment will go through an authorisation process that may take 1 week to change, and the funds will not be deposited until this authorisation process is complete.
- I agree to dōTERRA processing the information contained on this Direct Deposit Authorisation form in accordance with dōTERRA's Data Protection Policy as set forth in my Wellness Advocate Agreement.

Wellness Advocate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only:</b>	Initials	Date
<input type="checkbox"/> Information has been entered.	_____	_____
<input type="checkbox"/> Information has been verified.	_____	_____