

Name	Email
Wellness Advocate ID	Phone No.
Please choose one of the following	
New Application	
Change my account's banking information	
Cancel an existing direct deposit	
Direct deposit my current A/R balance with the next commission run.	
Please fill in the following information	
Exact Bank Account Number:	
Bank Identifier Code/SORT Code:	
Exact Name on Bank Account:	
Bank Name:	
Bank Address:	
Tax Identification Number:	
PLEASE PROVIDE A COPY OF YOUR TAX IDENTIFICATION CARD	
Authorization Statement	
By signing this Direct Deposit Authorization form below you are agreeing to the following: I authorize doTERRA Philippines Inc. and the bank listed above to deposit my commissions into the bank account listed above. If there are funds to which I am not entitled deposited into the bank account listed, I authorize doTERRA Philippines Inc. to direct the bank to return said funds to the company. I understand that it is my responsibility to ensure that my commissions are being deposited correctly into the above listed account. I understand that this authorization form will go through an authorization process and may take 2-4 business weeks to complete, and that funds will not be deposited until this authorization process is complete. If there are any fields left blank or filled in incorrectly. this may further delay the approval process of direct deposit authorization.	
Wellness Advocate Signature:	Date:
Name:	
For Office Use Only:	Date
Information has been entered.	Kindly submit this form in any of the options below:
Information has been verified.	Submit completed form to doTERRA Philippines Experience Center Submit scanned copy via email to philippines@doterra.com
Date Received:/	