

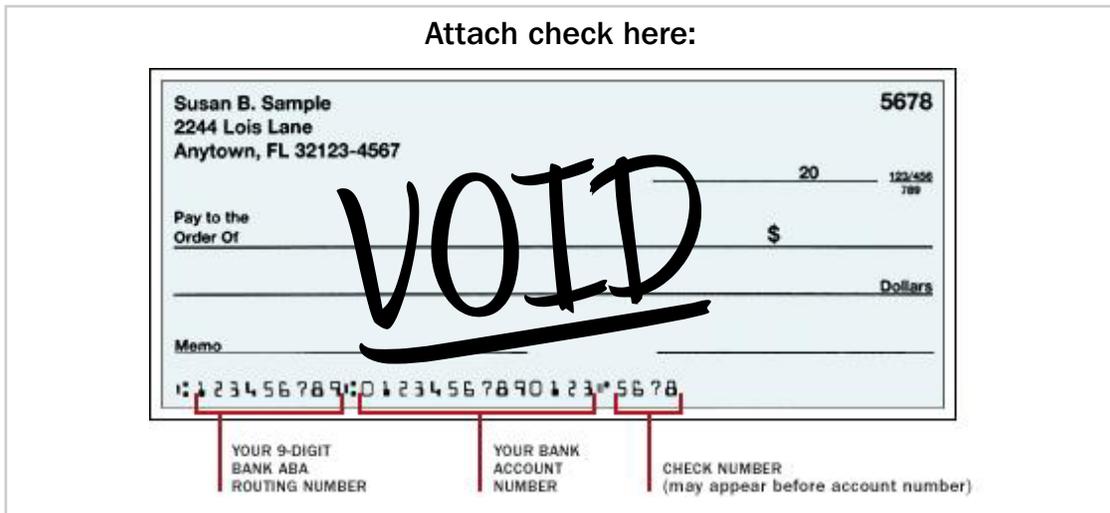
Name: _____

Wellness Advocate #: _____ Phone #: _____

Step 1: Your Preferences

- I authorize a new direct deposit account, and I am including **a voided check**, acknowledge a \$0.50 fee will be deducted per deposit. (Attach check below.)
- I want to update my previously authorized account information (check box and follow instructions for authorizing a new account).
- I want to cancel my previously authorized direct deposit.
- Please direct deposit my current A/R balance with the next commission run (\$4.95 transfer fee applies).

Attach check here:



Step 2: Confirm Routing & Account Numbers

9-Digit Routing #: _____ Checking Account #: _____

Step 3: Submit

U.S. Mail: Return to dōTERRA Commissions, Attn: Commission Dept., 389 South 1300 West, Pleasant Grove, UT 84062.
FAX: Attn. Commissions Dept., (801) 785-1492

Step 4: Authorize Authorization Statement

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

- I authorize dōTERRA and the bank listed above to deposit my commissions into my bank account unless I am canceling a previously authorized direct deposit.
- If funds to which I am not entitled are deposited to my account, I authorize dōTERRA 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 my account.
- I understand that my new direct deposit account will go through an authorization process that may take 2-4 weeks to complete, and the funds will not be deposited until this authorization process is complete.

IPC Signature: _____ Date: _____

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