

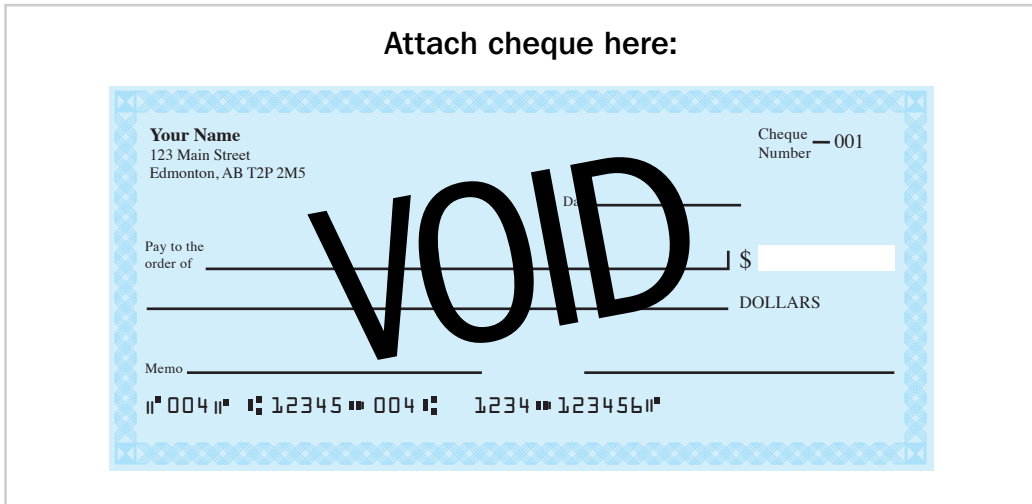
Name: \_\_\_\_\_

Wellness Advocate #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Step 1: Your Preferences

- I authorize a new direct deposit account, and I am including **a voided cheque**, 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).



Step 2: Confirm Routing & Account Numbers

3 digit Bank Code #: \_\_\_\_\_

5 digit Branch Code #: \_\_\_\_\_

Checking Account #: \_\_\_\_\_

Step 3: Submit

**EMAIL:** While mail and fax are the preferred methods for sending in direct deposit forms, we will accept email versions. Please be aware that there is sensitive personal information we ask for if you choose to email in. We accept emailed direct deposit forms at [directdeposit@doterra.com](mailto:directdeposit@doterra.com). Please be aware that this email box is just a drop off location and will not respond to inquiries or status requests regarding your direct deposit form.

**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

Information has been entered. \_\_\_\_\_

Information has been verified. \_\_\_\_\_

