

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

Wellness Advocate ID: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Step 1: Bank Account Details**

Please provide a bank account with an IBAN and SWIFT code reflective of the country in which your dōTERRA account is registered, and that will accept commissions in the same currency in which you pay for product orders (i.e., EUR), or the payment will fail. We will not pay commissions to a bank account with an IBAN and SWIFT code reflective of a country different from that in which your dōTERRA account is registered or in any other currency other than that which is used when purchasing from us. Therefore, you must either provide a bank account that accepts this currency or you acknowledge that your bank may charge you an international transaction fee which would reduce the amount you ultimately receive. dōTERRA does not reimburse charges initiated by your bank on these transactions.

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

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

**Step 2: VAT Number (if VAT registered)**

Please list your registered VAT number and ensure that you state the phrase “VAT reverse charge to (GB977641275) according to articles 44/196 EU VAT” on your invoice.

VAT Number: \_\_\_\_\_

**Step 3: Authorisation**

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 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 authorisation process that may take 2–4 weeks to complete, 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.
- I understand that I must provide a bank account that accepts the commission in the same currency in which I pay for product orders; otherwise, I may be charged an international or other processing fee by my bank which dōTERRA will not reimburse.

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

Date: \_\_\_\_\_

**Step 4: Submit**

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

**For Office Use Only:**

Information has been entered.

Initials  
\_\_\_\_\_

Date  
\_\_\_\_\_

Information has been verified.

\_\_\_\_\_

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