
Name:

Wellness Advocate ID:

Telephone:

Step 1: Your Preferences (check all that apply)

- I authorise a new direct deposit account.
- I want to update my previously authorised account information (check box and follow instructions for authorising a new account).
- I want to cancel my previously authorised direct deposit.
- Please direct deposit my current AR balance with the next commission run.

Step 2: Bank Account Details

Bank Name:

Local Clearing Code (7 digit):

Bank Account Number:

Name on Account:

Step 3: Submit

E-mail: Please scan and return to indonesiadirectdeposit@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 unless I am cancelling a previously authorised direct deposit.
- 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.

Wellness Advocate Signature: _____ Date: _____

For Office Use Only:

Initials

Date

Information has been entered. _____

Information has been verified. _____