

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

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

### Step 1: Your Preferences

- I authorize a new direct deposit account, and I am including a voided cheque. Please direct deposit my current A/R balance with the next commission run. (Attach cheque leaf separately via email and add your Wellness Advocate identification number somewhere on the cheque leaf. Please be aware that the information will not be updated if copy of the voided check is not accordingly provided.)
- 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 be aware that your commissions will not be send out until you update new direct deposit details.

### Step 2: Bank Account Details (The bank account details should match the details on the voided cheque submitted.)

Bank Name: \_\_\_\_\_ IFSC Local Bank Code : \_\_\_\_\_  
(11 alpha numeric characters example: IDIB000B075)

Bank Account Details: \_\_\_\_\_

Name on bank account: \_\_\_\_\_  
(The name should match the name of the WA in our records)

Account Number: \_\_\_\_\_

### Step 3: Submit

**Email:** india@doterra.com

### 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.

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

#### For Office Use Only:

Initials

Date

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

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