

## Direct Deposit Authorization Form

( For Singapore Use Only )

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

Email: \_\_\_\_\_

Wellness Advocate ID : \_\_\_\_\_

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

## Please choose one of the following :

- ☐ New Application
- ☐ Change my account's banking information
- ☐ Cancel an existing direct deposit

## Please fill in the following information :

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

Bank Code : \_\_\_\_\_

Branch Code : \_\_\_\_\_

SWIFT Code : \_\_\_\_\_

Name on Account : \_\_\_\_\_

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

Bank Address: \_\_\_\_\_

NRIC: \_\_\_\_\_

\*\*PLEASE PROVIDE A COPY OF THE FRONT AND BACK OF YOUR NRIC\*\*

## Authorization Statement

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

- I authorize dōTERRA Enterprises Singapore Pte. Ltd. and the bank listed above to deposit my commissions into the bank account listed above.
- If there are funds to which I am not entitled deposited into the bank account listed, I authorize dōTERRA Enterprises Singapore Pte. Ltd. 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 the above listed account.
- I understand that this authorization form will go through an authorization process and may take 2-4 business weeks to complete, and that funds will not be deposited until this authorization process is complete. If there are any fields left blank or filled in incorrectly, this may further delay the approval process of direct deposit authorization.

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

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

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

## For Office Use Only:

Initials

Date

☐ Information has been entered. \_\_\_\_\_☐ Information has been verified. \_\_\_\_\_