

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.
- If the listed account does not belong to me (According to the name and Wellness Advocate ID at the top of the form), I certify that I have permission to deposit funds into the account listed.
- 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. _____