

Name \_\_\_\_\_

Email \_\_\_\_\_

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

Phone No. \_\_\_\_\_

**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 Identifier Code (3 digits): \_\_\_\_\_

Bank Branch Code (4 digits): \_\_\_\_\_

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

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

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

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

Tax Identification Number: \_\_\_\_\_

**\*\*PLEASE PROVIDE A COPY OF YOUR TAX IDENTIFICATION CARD\*\***

**Authorization Statement**

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

- I authorize dōTERRA Enterprises (Thailand) Limited 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 (Thailand) Limited 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: \_\_\_\_\_

<b>For Office Use Only:</b>	Initials	Date
<input type="checkbox"/> Information has been entered.	_____	_____
<input type="checkbox"/> Information has been verified.	_____	_____
Date Received:	____/____/____	____/____/____

**Kindly submit this form in any of the options below:**

1. Submit completed form to dōTERRA Thailand Experience Center
2. Submit scanned copy via email to thailand@doterra.com