

Name: _____

Wellness Advocate ID: _____

Telephone: _____

13 Digit South African ID: _____

Step 1: Your Preferences

- 1. I authorise a new direct deposit account.
- 2. I want to update my previously authorised account information (check box and follow instructions for authorising a new account).

Step 2: Bank Account Details

Bank Account Number: _____ Bank Code: _____

Account Type: _____

Branch Code: _____

Bank Name: _____

Step 3: Submit

E-mail: Please scan and return to zadirectdeposit@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
<input type="checkbox"/> Information has been entered.	_____	_____
<input type="checkbox"/> Information has been verified.		