

DIRECT DEPOSIT AUTHORIZATION FORM—USA

PLEASE TYPE OR PRINT CLEARLY USING A DARK BALL POINT PEN

NSE • 75 WEST CENTER • PROVO, UTAH 84601

PERSONAL INFORMATION

APPLICANT #1 NAME (LAST, FIRST, MIDDLE INITIAL)	EVENING PHONE
APPLICANT #2 NAME (LAST, FIRST, MIDDLE INITIAL)	DAYTIME PHONE
APPLICANT #1 SOCIAL SECURITY NUMBER <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TAX ID NUMBER <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

BANK ACCOUNT INFORMATION¹

I REQUEST THAT NU SKIN (CHECK THE APPROPRIATE BOX):

- START** depositing credit balance funds due to me from bonuses into my checking or savings account pursuant to the financial institution information provided below. (Commission statement may be viewed online in My Office > Volumes & Genealogy.)
- CHANGE** my direct deposit routing and/or account number according to the information in provided below. (Please attach a new voided check.)

BANK ACCOUNT INFORMATION

NAME ON BANK ACCOUNT (IF DIFFERENT)	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
BANK ROUTING NUMBER (ABA)	BANK ACCOUNT NUMBER
BANK PHONE NUMBER	BANK NAME

PLEASE ATTACH A VOIDED CHECK SEPARATELY.
 If you do not have a check, please contact your bank for the appropriate document to replace a voided check.
 Requests sent with starter checks or checks without printed personal information cannot be processed.

General Information	John Doe 1010 South Ridge Rd Provo, UT 84601	Date _____ 101
Bank Account Information	First Bank 5050 North 230 West Provo, UT 84601 (800) 555-2550	
Routing Number	FOR _____	
Account Number	123456789 1234567899 0123	

¹Please verify all information with your bank to ensure accuracy. Name on bank account must match the name on Brand Affiliate's account, this includes business names.

²Please note – \$1 processing fee for each electronic deposit requested outside of the weekly schedule.

PLEASE MAIL OR FAX THE SIGNED FORM TO:

NU SKIN DATA ENTRY, 75 WEST CENTER STREET, PROVO, UTAH 84601 FAX: 800-487-8000

I authorize Nu Skin United States, Inc. ("Nu Skin") to deposit the payment of any commissions/bonuses to my account at the financial institution named above. I acknowledge and agree that it is my responsibility to make certain that the commissions/bonuses have been deposited in my account each month before writing any checks against the balance in said account. This authorization shall remain in full force and effect until (i) Nu Skin has received written notice from you of your withdrawal from the direct deposit program, and (ii) Nu Skin has a reasonable opportunity to make such a change pursuant to your notice. I understand that this authorization replaces any previous authorization and shall remain in effect until Nu Skin receives written notice of my withdrawal from the direct deposit program.

It is imperative that you notify Nu Skin immediately prior to changing or closing the above account or if your financial institution changes your routing number or account number. Failure to notify Nu Skin of account number changes may delay your receipt of commissions/bonuses. If you change your financial institution and/or account number you must fill out a new Direct Deposit Authorization Form and send it to Nu Skin before you close your existing account. Nu Skin shall not be liable to you for failing to access your account or provide direct deposits to your account in a timely manner unless such failure or loss is a direct result of Nu Skin's gross negligence or intentional misconduct.

NU SKIN SHALL NOT BE LIABLE TO YOU FOR PUNITIVE, SPECIAL, CONSEQUENTIAL, INCIDENTAL OR INDIRECT DAMAGES, WHETHER OR NOT ANY SUCH CLAIM FOR SUCH DAMAGES IS BASED ON TORT OR CONTRACT OR NU SKIN KNEW OR SHOULD HAVE KNOWN THE LIKELIHOOD OF SUCH DAMAGES IN ANY CIRCUMSTANCES, EVEN IF NU SKIN HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

DIRECT DEPOSIT REQUIRES THE SIGNATURE OF ALL APPLICANTS ON BRAND AFFILIATE'S ACCOUNT

I CERTIFY THAT I HAVE AN ACCOUNT AT THE FINANCIAL INSTITUTION INDICATED ABOVE AND THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT.

APPLICANT #1 OR PRINCIPAL PARTNER SIGNATURE	DATE (MM/DD/YYYY)	FOR OFFICE USE ONLY
APPLICANT #2 OR SPOUSE SIGNATURE	DATE (MM/DD/YYYY)	