## NU SKIN ENTERPRISES"

## **Direct Debit Authorization**

Nu Skin Enterprises United States, 75 West Center, Provo, Utah 84601 • FAX: I-800-487-8000 or I-801-345-2850

## PLEASE TYPE OR PRINT CLEARLY USING A DARK BALLPOINT PEN

Individual or Business Name Social Security #				
Daytime Phone #	Email Address			
For an Automatic Delivery Rewards (ADR) order please print the name on the ADR account and the US Identification #for the ADR account.				
Name on ADR Account	cation #			
Check here if you currently receive a reoccurring Automatic Delivery Rewards order and would like to change the method of payment to direct debit.				
I (we) hereby authorize Nu Skin Enterprises, hereinafter called COMPANY, to initiate either by paper or electronic means debit and, if appropriate, credit entries to my (our) checking or savings account indicated below and the depository named below, hereinafter called BANK, to debit or credit the same to such account.				
Name of Bank Bank Phone #				Bank Phone #
ldress of Bank City/State				Zip Code
Please link this service to my:		ACH A VOIDED CHE		ERIFY THE ACCOUNT NUMBER.
	Bank Routing/ABA Number**		Checking Acco	unt Number
	SAVINGS ACCOUNT-Please complete th Bank Routing/ABA Number**	e following information.	Savings Accour	nt Number
This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it. I (we) agree that COMPANY and BANK shall be fully protected in honoring any such check. I (we) further agree that if any such check be dishonored, whether with or without cause and whether intentionally or inadvertently, both COMPANY and BANK shall have no liability to any party. I (we) further authorize the COMPANY to release the preauthorization agreement to its bank and/or others necessarily involved in establishing and maintaining this direct debit account.				
Individual or Principal Partner's Name (Please Print)				
Signature				Date
L				
Spouse's or Partner's Name (Please Print)				
Signature				Date
*Original voided check or savings deposit slip (with name imprinted on it by the Bank or Credit Union) (no deposit slips for Checking). **The Routing/ABA Number is the Bank's identification number and is available through your Bank. NOTE: Joint Accounts require signatures of all parties.				