



DIRECT DEPOSIT AUTHORIZATION FORM - USA

CONSULTANT ID#

LP GLOBAL NETWORK

30151 Avenida De Las Banderas, Suite B • Rancho Santa Margarita, California 92688 • www.LifePharmGlobal.com

PERSONAL INFORMATION

PLEASE PRINT CLEARLY

| | |
|---|--|
| Applicant #1 Name (Last, First, Middle Initial) | Daytime Phone () () () () () () |
|---|--|

| | |
|---|--|
| Applicant #2 Name (Last, First, Middle Initial) | Evening Phone () () () () () () |
|---|--|

Applicant #1 Social Number or Tax ID Number [] [] [] [] - [] [] [] [] - [] [] [] [] [] []

BANK ACCOUNT INFORMATION

| | |
|-----------|-------------------------------------|
| Bank Name | Name on Bank Account (If Different) |
|-----------|-------------------------------------|

| | |
|---------------------|-------------------|
| Bank Account Number | Bank Phone Number |
|---------------------|-------------------|

| | |
|---------------------|--|
| Bank Routing Number | CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> |
|---------------------|--|

I request that LIFEPHARM Global (check the appropriate box):

START depositing funds owed to me from commissions/bonuses into my checking or savings account according to the information I have provided above.

Please select one:

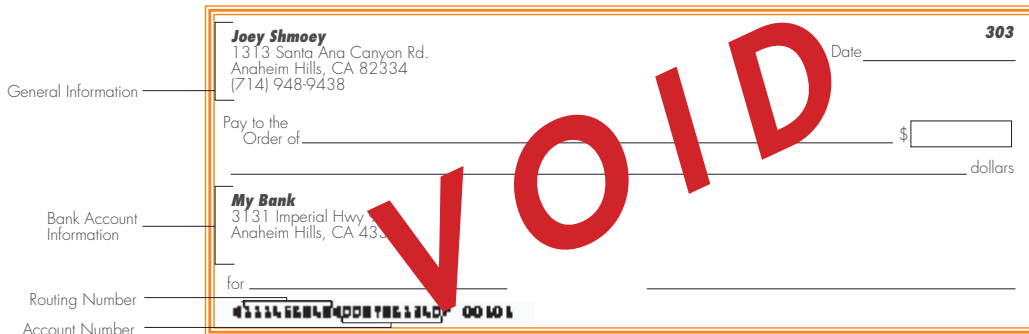
I will view my commission statement online

I wish to receive my commission statement in the mail (\$2.00 - Debited from commission check)**

STOP depositing funds owed to me from commissions/bonuses into my checking or savings account. All future commissions/bonuses should be sent in a check form to my address on file.

CHANGE my direct deposit routing and/or account number according to the information provided above.

PLEASE ATTACH A VOIDED CHECK. If you do not have a check, please contact your bank for the appropriate document to replace a voided check.



*Please verify all information with your bank for confirmation. Name on bank account must match the name on distributor's account (this includes business names).

**Fee for commission checks is \$2.00.

Please mail or fax the signed form to:

LIFEPHARM Global Network 30151 Avenida De Las Banderas, Suite B, Rancho Santa Margarita, CA 92688
PHONE: 1.800.400.1287 FAX: 1.888.342.2532

I give LifePharm Global Network permission to deposit the payment of any or all commissions/bonuses to my account at the financial institution listed above. I acknowledge and agree that I am responsible to ensure that the commissions/bonuses are deposited each week before writing any checks against the balance in said account. This authorization shall remain in full force and effect until LPGN has received a statement from you of your withdrawal from the direct deposit program, and LPGN has a reasonable opportunity to make such a change according to your statement. I understand that this authorization replaces any previous authorization and shall remain in effect until LPGN receives a statement of my withdrawal from the direct deposit program.

It is IMPORTANT that you must notify LPGN immediately before changing or closing the above account or if your financial institution account changes your routing number or account number. Failure to notify LPGN of declared changes may delay your receipt of commissions/bonuses. If you change to a different financial institution and/or account number, you must fill out a new Direct Deposit Form and send it to LPGN before you close your existing account.

LPGN is NOT liable to you for failure of accessing your account or provide direct deposits to your account in a timely manner unless such failure or loss is a direct result of LPGN gross negligence or intentional misconduct. LPGN WILL NOT BE LIABLE TO YOU FOR CONSEQUENTIAL, INCIDENTAL, PUNITIVE, OR INDIRECT DAMAGES WHETHER OR NOT ANY SUCH CLAIMS FOR SUCH DAMAGES IS BASED ON CONTRACT OR IF LPGN KNEW OR SHOULD HAVE KNOWN THE LIKELIHOOD OF SUCH DAMAGES IN ANY CIRCUMSTANCES (EVEN IF LPGN HAS BEEN ADVISED OF THE POSSIBILITY OF DAMAGES).

Signature

| | |
|---|------|
| Applicant #1 or Principal Partner Signature | Date |
|---|------|

| | |
|----------------------------------|------|
| Applicant #2 or Spouse Signature | Date |
|----------------------------------|------|

OFFICE USE ONLY