

DIRECT DEPOSIT AUTHORIZATION FORM—USA

NSE • 75 West Center • Provo, Utah 84601

PLEASE TYPE OR PRINT CLEARLY USING A DARK BALL POINT PEN

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 or Tax ID Number	- -

Bank Account Information*

Name on Bank Account (if different)	Bank Account Number
Bank Routing Number (ABA)	Bank Name
Bank Phone Number	CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/>

I request that Nu Skin (check the appropriate box):

- START depositing credit balance funds due to me from commissions/bonuses into my checking or savings account pursuant to the financial institution information I provided above.
Please select one:
- I will view my commission statement online in My Office > Volumes & Genealogy (Free)
 I wish to receive my commission statement in the mail (\$2.00 – Debited from commission check)
- STOP depositing credit balance funds due to me from commissions/bonuses into my checking or savings account. All future commissions/bonuses should be sent in a check to my address on file.
- CHANGE my direct deposit routing and/or account number according to the information in provided above. Please attach a new voided check.

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.

General Information	John Doe 1010 South Ridge Rd Provo, UT 84601 (801) 555-2340	Date _____	101
Bank Account Information	First Bank 5050 North 230 West Provo, UT 84601 (800) 555-2550	Pay to the Order of _____	\$ _____
Routing Number	_____	VOID	
Account Number	_____	dollars	

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

Please mail or fax the signed form to:

Nu Skin Data Entry, PO Box 1129, Provo, UT 84603-1129

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 distributor'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
Applicant #2 or Spouse Signature	Date

For Office Use Only