Electronic Funds Transfer Request

The following information will be used for Electronic Funds Transfers. **(Check all that apply.)**

☐ **New Account**	***Open*** an Electronic Funds Transfer Account for the first time.
☐ **Additional Account**	***Add*** this Electronic Funds Transfer Account to accompany my already existing Electronic Funds Transfer Account.
☐ **Change Account**	***Replace*** my existing Electronic Funds Transfer Account with this new account number.
☐ **Cancel Account**	***Cancel*** my existing Electronic Funds Transfer Account.

Your Name

Your ID Number

Financial Institution/Bank Name

Financial Institution/Bank Address

City State Zip

Note: **Your Financial Institution/Bank must be a member of an automated clearing house to use the Electronic Funds Transfer service. Instruct your Financial Institution/Bank to provide the correct routing/transit number for their Financial Institution/Bank and your account number necessary for Electronic Funds Transfers.**

Account Number (maximum 17 digits)

Routing Transit Number (must be 9 digits)

IMPORTANT:
You must attach a voided check (or copy of same — *not* a deposit slip) to this form before sending it to Shaklee so we will have all of the information needed to process your transactions electronically. Not required if you are solely canceling a prior Electronic Funds Transfer Request.

PLEASE MAIL TO:
Shaklee Corporation
P.O. Box 8040
Pleasanton, CA 94588
Attn: Field Support

OR

FAX TO:
925.924.3888

I (we) hereby authorize Shaklee Corporation, hereinafter called the COMPANY, to initiate debit entries to my (our) account as indicated above, and the financial institution named above, hereinafter called FINANCIAL INSTITUTION, to debit the same such account.

I (we) further agree that such authorization is to remain in full force and effect until the COMPANY has received written notification from me (or us) of its revocation.

Note: Shaklee reserves the right to revoke this request if not notified of a change in account number, ABA number, or transit/routing number.

Please check all that apply:

☐ I would like to ***use*** this bank account for my orders. (Business Leaders only)
☐ I would like to ***use*** this bank account for direct deposit of my bonus check. (Distributors and Business Leaders)
☐ I would like to ***cancel*** the use of this bank account for my orders. (Business Leaders only)
☐ I would like to ***cancel*** the use of this bank account for direct deposit of my bonus check. (Distributors and Business Leaders)

Please use the above information to update my account for Electronic Funds Transfers.

Signature Date

Other Signature(s)* Date

***NOTE: All Members of the Distributorship must sign this application.**

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