



# France/Belgium/Netherlands Enrollment Form

## AutoDepositDirect Debit

### Commission Direct Deposit EnrollmentElectronic Payment

Please enroll me in the following programs subject to the terms and conditions below:

- |  |  |
|--|--|
| <input type="checkbox"/> AutoDeposit Only                  | <input type="checkbox"/> Please replace current method of payment        |
| <input type="checkbox"/> Direct Debit Only                 | <input type="checkbox"/> Please use as primary payment for Autoship      |
| <input type="checkbox"/> Both AutoDeposit and Direct Debit | <input type="checkbox"/> Please use as back-up payment only for Autoship |

Associate/Preferred Customer Information
Name _____
ID# _____
Bank Name/Bank Branch Name _____
Bank Address/Country _____
Bank Phone _____
IBAN Number _____
SWIFT (BIC) Number _____
<input type="checkbox"/> Savings <input type="checkbox"/> Checking

AutoDeposit: If so indicated above, I wish to participate in the AutoDeposit program. I have read and agree to the following terms: I hereby authorize USANA Health Sciences (France), hereafter "USANA," to electronically deposit my commission earnings into my bank account, reduced by any normal fees or deduction as otherwise agreed. Furthermore, I authorize USANA to initiate, if necessary, debit entries and adjustments for any AutoDeposit entries made in error. I may stop this arrangement at any time by so indicating to USANA in writing. The arrangement ends seven days after receipt of written notice. USANA reserves the right to cancel this agreement at any time.

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date

# SEPA Direct Debit Mandate



USANA Health Sciences France  
118, avenue des Champs-Élysées  
75008 Paris, France  
Creditor identifier: FR42ZZZ605116

Mandate Reference (Distributor ID) \_\_\_\_\_

By signing this mandate form, you authorise

**(A)** USANA to send instructions to your bank to debit your account and

**(B)** Your bank to debit your account in accordance with the instructions from USANA.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Name of the debtor(s): \_\_\_\_\_

Street name and number: \_\_\_\_\_

Postal code: \_\_\_\_\_

City: \_\_\_\_\_

SWIFT BIC: \_\_\_\_\_

Account number – IBAN: \_\_\_\_\_

Bank Name/Branch Name/Country: \_\_\_\_\_

Type of payment:

Recurrent payment  One-off payment

City or Town in which you are signing: \_\_\_\_\_

Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_

## Terms and Conditions:

Direct Debit: If so indicated above, I wish to participate in the AutoPay program. I have read and agree to the following terms: I hereby authorize USANA Health Sciences (France), hereafter "USANA," to electronically withdraw payment from my bank account for any order I place directly with USANA. USANA is authorized to withdraw payment equal only to the amount of the product that I order, plus applicable sales tax and shipping for the amount of the order. In the event an AutoPayment is dishonored for any reason, I agree to pay a service fee. I shall indemnify and hold USANA harmless for any and all liability which may arise out of USANA's initiating an electronic payment on my account (except the liability to ship the product as ordered). I may stop this arrangement at any time by so indicating to USANA in writing. The arrangement ends upon receipt of written notice. If this arrangement is stopped, I will pay for all orders in advance according to the then current policies. USANA reserves the right to cancel this agreement at any time.



USANA Health Sciences France  
118, avenue des Champs-Élysées  
75008 Paris, France  
Reception: +33(0) 1 42 99 76 60  
Distributor Services: +33(0) 1 42 99 76 50

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## AutoDeposit ➡

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### Commission Direct Deposit Enrollment

The *AutoDeposit* program provides Associates with immediate availability of the weekly commission check on the check issue date.

The *AutoDeposit* program is available to all Associates with valid bank accounts within the European Union.

## Direct Debit ➡

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### Electronic Payment

The *Direct Debit* program provides Associates and Preferred Customers with a simple way to pay for all of your USANA orders. The funds for your purchase will be electronically withdrawn from your enrolled bank account on the day following the placement of your order or on the Monday following your Autoship order cycle.

The *Direct Debit* program is available to all Associates and Preferred Customers with bank accounts in the European Union.