



# U.S. Enrollment Form

## AutoDeposit

## AutoPay

### Commission Direct Deposit Enrollment

### Electronic Payment

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

- AutoDeposit Only
  - AutoPay Only
  - Both AutoDeposit and AutoPay
  - Please replace current method of payment
  - Please use as primary payment for Autoship
  - Please use as back-up payment only for Autoship
- \* Please attach a copy of a voided check.

<b>Associate/Preferred Customer Information</b>	
<b>Name</b>	_____
<b>ID#</b>	_____
<b>Bank Name</b>	_____
<b>Bank Address</b>	_____
<b>Bank Phone</b>	_____
<b>Account Number</b>	_____
<b>Routing &amp; Transit Number</b>	_____
<input type="checkbox"/> Savings	<input type="checkbox"/> Checking

### Terms and Conditions:

AutoPay: 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 Inc., 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 \$20.00 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.

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 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



## 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. No longer will Associates need to wait for the post office to deliver the check.

The AutoDeposit program is available to all Associates with U.S. bank accounts.

## AutoPay ⇨

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### Electronic Payment

The AutoPay 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 AutoPay program is available to all Associates and Preferred Customers with U.S. bank accounts.

To enroll in the AutoDeposit or AutoPay program, complete this simple form and attach a voided check for the account to which the commission payment should be applied.