



# LIFEPHARM GLOBAL NETWORK

32 Rancho Circle • Lake Forest, CA 92630 U.S.A. • P: 800.400.1287 • F: 949.216.9601 • LifePharmGlobal.com

## IBO DIRECT DEPOSIT AUTHORIZATION FORM - U.S.A.

### PERSONAL INFORMATION

Information with an asterisk ( \* ) is required.

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_ \*IBO ID #: \_\_\_\_\_ Business Name: \_\_\_\_\_  
If using a business entity

\*Phone: (        )        -        \*Email: \_\_\_\_\_

### BANK ACCOUNT INFORMATION

ACCOUNT:  CHECKING\*\*  SAVINGS

\*Bank Name: \_\_\_\_\_ \*Bank Account #: \_\_\_\_\_

\*Bank Phone #: (        )        -        \*Bank Routing # (9 digits): \_\_\_\_\_

I request LifePharm Global Network to (choose one):

- START depositing commissions/bonus funds owed to me from my eWallet upon request into my checking or savings account according to the information I have provided above.
- STOP depositing commissions/bonus funds owed to me into my checking or savings account from my eWallet. All future commissions/bonuses will 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 verify all information with your bank for confirmation. Name on bank account must match the name on Independent Business Owner's (IBOs) account (this includes business names). **Please allow up to one to two business days to process.**

**\*\* PLEASE ATTACH A VOIDED CHECK IF SELECTING CHECKING ACCOUNT FOR DIRECT DEPOSIT. IF A VOIDED CHECK IS NOT PROVIDED, THIS FORM WILL NOT BE PROCESSED.**

**Please mail or fax the signed form to:**

LifePharm Global Network  
32 Rancho Circle  
Lake Forest, CA 92630

Fax: 949.216.9601

I give LifePharm Global Network (LPGN) permission to deposit the payment of any or all commissions/bonuses to my account, upon my withdrawal request from my eWallet, to the financial institution listed above. I acknowledge and agree that I am responsible to ensure that the commissions/bonuses are deposited to my bank account 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 me of my withdrawal from the direct deposit program, and LPGN has a reasonable opportunity to make such a change according to my 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.

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 Authorization Form and send it to LPGN before you close your existing account.

LPGN is not liable for failure of accessing your account or to provide direct deposits 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).

### OFFICE USE ONLY

\_\_\_\_\_  
\*Authorized Signature

\_\_\_\_\_  
\*Date