

Electronic Funds Transfer Request

The following inform	ation will be used for Electronic	Funds Trans	sfers. (Check appropr	iate box.)	
☐ New Account ☐ Additional Account					
☐ Change Account ☐ Cancel Account	Replace my (our) existing Electronic Funds Transfer Account with this new account number. Cancel my (our) existing Electronic Funds Transfer Account.				
Varia Nama					
Your Name				Your ID Number	
Financial Institution/Bank	Name				
Financial Institution/Bank	Address				
City State Zip Code					
1	t must be enabled for ACH transactions to us g/transit number for their Financial Institutio				
	<u>.</u>				
Account Number (maximum 17 digits) Routing Transit Number (m			Transit Number (must be 9	digits)	
number with this form be information needed to pr if you are solely canceling	our bank showing your account numbe fore sending it to Shaklee so we will ha ocess your transactions electronically. g a prior Electronic Funds Transfer Rec	ive all the Not required quest.	FieldSupport@shaklee.com OR FAX TO: 925.924.3888	Attn.: Field Support 6920 Koll Center Parkway, STE 2 Pleasanton, CA 94566	
indicated above and the fas indicated above. I (we) notification from me (us) of I (we) agree to notify the Company of the Company of the Company of the Company of the Company. I (we) understand that be individual transaction is a I (we) agree to reimburse the result of the account not I (we) acknowledge that the Iaw, as applicable. I (we) for the COMPANY.	company in writing at least 15 days in a e this Electronic Funds Transfer Requesticause these are electronic transactions uthorized, and I (we) have limited time the COMPANY for all penalties and fees being properly configured for ACH transactions to murther agree to be bound by the NACHA	inafter called Flactor in function in func	NANCIAL INSTITUTION, to a all force and effect until the changes in my (our) account of a change in account numerical withdrawn from my (our) account errors. Esult of my (our) bank reject must comply with the proving the complex of the complex in the proving the complex in t	debit or credit my (our) account COMPANY has received written in tinformation. COMPANY umber, ABA number, or transit/ccount as soon as the date an ting ACH debits or credits as a visions of U.S. law and Canada	
☐ I (we) would like to <i>use</i> :☐ I (we) would like to <i>cand</i>	ly: this bank account for my (our) orders. (It this bank account for direct deposit of the lise of this bank account for my the use of this bank account for direct	my (our) bonus (our) orders. (Bu	check. (Ambassadors and usiness Leaders only)		
Please use the above info	rmation to update my (our) account fo	r Electronic Fun	ds Transfers.		
Signature			Date		
Other Signature(s)*			Date		
*NOTE: All Members of th	e Shaklee business must sign this appli	cation.			