Shaklee®

# ELECTRONIC FUNDS TRANSFER PLAN/DIRECT DEPOSIT REQUEST FORM

| OFFICE USE ONLY: |
| --- |
| EFT# _____ |
| Effective Date _____ |
| Completed By _____ |

## We're Turning Over a New Leaf!

**Join us and make your commitment to help the environment and reduce paper, production fees, and mailing costs today.***

As part of our commitment to being an eco-conscious company, and with ongoing advancements in technology, we will be eliminating all paper cheques and moving to direct deposit for bonus payments effective **December 1, 2021.**

Direct Deposit is an easy and convenient way to ensure you receive your monthly bonuses as quickly as possible, deposited directly into your bank account. The direct deposit feature is available to **everyone**, with no minimum deposits. Earnings in any amount can be deposited.

To sign up for **Direct Deposit** of your bonus cheque, please attach a void cheque in the space provided and sign the form below.

ATTACH VOIDED CHEQUE HERE

**Note:** a voided cheque (or copy of same) must be attached to this form so that we will have all the information needed to process this request. Distributor/Associate accounts will be debited on the following business day from the date of order. Business Leader accounts will be debited on the fifth business day from the date of order. The cost of an NSF cheque is a fee equal to 2% of the face amount of the returned payment ($15 minimum) plus applicable taxes.

*Your monthly bonus statement is available to view and access online, in PDF form, at ca.shaklee.com (login required).

**I (we) hereby authorize Shaklee Canada Inc. to initiate debit/credit entries to my (our) account as indicated below. I (we) further agree that such authorization is to remain in full force and effect until Shaklee Canada Inc. has received written notification from me (us) of its revocation.**

☐ **Sign me up for Direct Deposit**
☐ **Sign me up for the Electronic Funds Transfer plan**

Name _____ Membership I.D. Number _____

Signature (in ink) _____ Date _____ Signature (in ink) _____ Date _____

**Note:** all Members of the Distributorship must sign this application.

**Please mail to: Shaklee Canada Inc., 529 Michigan Drive, Unit 700, Oakville, ON, L6L 0C4, Attn: Field Support, or FAX to 1-800-281-4160, or scan & e-mail to canada@shaklee.com.**