NEFFUL
INTERNATIONAL

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ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

No more hassles of depositing Commission Check at the bank.
Assurance of depositing of commission check, no more "lost" check in the mail.

To start this service, please

1) Complete and sign this Electronic Funds Transfer Authorization Form.
2) Submit this form only once, unless your financial account information has changed.

After we received your completed Authorization Form, please allow 30 days for processing.
If you have any questions, Nefful USA's representatives are available M-F 9am-6pm PST.

Electronic Funds Transfer Authorization Form

Distributor's Name: _____

Distributor's Number: _____

Distributor's Address: _____

City: _____ State: _____ Zip: _____

Distributor's name must appear on the designate account.
Attached a voided check to this form (see below) or include a letter from your financial institution that includes the routing number, account number, account type (checking, savings, etc.), and bank account holder's name. Deposit slips and temporary checks will not be accepted.

Authorization Agreement
I authorize Nefful USA, Inc. and the designated financial institution to initiate monthly deposit, if commission payout occurs and is $10 and more, to my indicated account.

I understand it is my responsibility to notify Nefful USA, Inc., of any changes to my bank account. There will be a $30 charge to any re-transmitted EFT on commission payout, if the banking information was incorrect given or failure to notify Nefful USA for any changes to my banking information.

Distributor's Signature **X**_____ Date _____

[Please attach voided check here]