



Direct Deposit Authorization

Name: _____

Distributor ID#: _____

Distributor Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

I hereby authorize Multipure's Accounting Department to Deposit my commission checks to the following bank account (one account only)

Bank Name: _____

Name on Bank Account: _____

ABA#: _____

Account: _____

Please check one of the following:

Checking Savings

I understand that a processing fee of \$5.00 will be deducted from each commission check deposited directly to my account.

Signature: _____ Date: _____

(initial) _____ Please discontinue my direct deposit for the bank account indicated above. Date: _____

Please complete this form and return it, with a voided check, to the Commission Accounting Department at:
Multipure Corporation, 7251 Cathedral Rock Drive, Las Vegas, NV 89128
Toll Free: 800.622.9206 • Phone: 702.360.8880 • Email: commissions@multipure.com