USANA HEALTH SCIENCES

MEMBER
Direct Selling Association of New Zealand

USANA Health Sciences (NZ) Corporation
GST 069-107-461
PO Box 305001 Triton Plaza North Shore City 0757 / 25 Canaveral Drive Albany 0632 Auckland
USANA Customer Service
Phone: (61-2) 9842 4600 Toll Free: 0800 USANA NZ (0800 872 626) Fax: 0800 370 127
Online Ordering www.usana.com

USANA New Zealand AutoPay (Direct Debit) Agreement Form

The Autopay program enables Associates and Preferred Customers to pay for their Autoship order using the direct debit facility.
Please mail two (2) original completed Autopay forms to: PO Box 305001 Triton Plaza North Shore City 0757
NB: Funds for Autoship purchases will be electronically withdrawn from your nominated bank on the Wednesday evening prior to your Autoship week.
Changes to Autoships paid by AutoPay need to be received by 5pm Tuesday the week prior to the Autoship release date.

Name of Account Holder

Associate / Customer to Complete Bank Account Number and Branch Number
Number & Suffix of Account to Be Debited

Bank | Branch | Account Number | Suffix

AUTHORITY TO ACCEPT DIRECT DEBITS

(Not to operate as an assignment or agreement)

To: The Manager, (Please Print Full Postal Address clearly for Window Envelope)

Name of Bank & Branch

Address (PO Box)

Town/City/Post Code

AUTHORISATION CODE

1 2 0 1 5 6 4

Date

I/We authorise you until further notice in writing to debit my/our account with you all amounts which USANA Health Sciences (NZ) Corporation (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

Information to Appear in My/Our Bank Statement

Payer Particulars (Name)

Payer Code (Associate / PC ID#)

Payer Reference (RO# - For office use only)

.....

Name of Bank Account - Customer to complete

.....

Authorised Signatures

For Bank Use Only

Approved: 0156 8/98

Date Received:

Recorded By:

Checked By:

BANK STAMP

Please make a photocopy for your records.

Conditions Of This Autopay Authority

1. The Initiator:

   (a) The Initiator has agreed to give written advance notice of the net amount of each Direct Debit and the the due date of debiting at least 2 calendar days before (but not more than 2 calendar months) the date the Direct Debit will be initiated.

   The advance notice will include the following message:

   The amount of $ [ ] will be direct debited to your Participating Bank account on _____.
   (Processing date)

   (b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

2. The Customer may:

   (a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.

   (b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

   (c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of a Direct Debit back to the Initiator through the Initiator's Bank PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

3. The Customer acknowledges that:

   (a) This authority will remain in full force and effect in respect of all Direct Debits made from my/our account in good faith not withstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.

   (b) In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank.

   (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other disputes lie between me/us and the Initiator, in relation to my/our account.

   (d) The Bank accepts no responsibility or liability for the accuracy of information about payments on the Bank Statements.

   (e) The Bank is not responsible for, or under liability in respect of:

   - any variations between notices given by the Initiator and the amount of Direct Debits.
   - the initiator's failure to give written advance correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

4. The Bank may:

   (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.

   (b) At any time terminate this authority as to future payments by notice in writing to me/us.

   (c) Charge its current fees for this service in force from time to time.

Please make a photocopy for your records