



MAIL TO:
1410 LAKESIDE PKWY, STE 200
FLOWER MOUND, TEXAS 75028

U.S. Checking/Savings Account Withdrawal Authorization

FOR OFFICE USE ONLY/
ACCOUNT NUMBER

Once this completed form has been received by Mannatech, you will then be authorized to place a Subscription by phone or on the web. To change the method of payment for your existing Subscription, please check the appropriate box shown in the FORM OPTIONS box below.

For use with U.S. bank accounts only.
This form must be completed in its entirety
and **mailed** to Mannatech, Incorporated.
Faxes **cannot** be accepted.

FORM OPTIONS (check where applicable)

- ☐ New or additional account
☐ New account, delete old account, old checking/savings account number: _____
☐ Change existing Subscription: _____

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

LAST NAME										FED ID NUMBER OR SOCIAL SECURITY NUMBER									
FIRST NAME										MANNATECH ACCOUNT NUMBER									
BUSINESS NAME																			
I (we) hereby authorize Mannatech, Incorporated to initiate debit entries and, if necessary, credit entries to my (our) bank account indicated below.																			
U.S. BANK NAME																			
CITY										STATE		ZIP							
☐ CHECKING ☐ SAVINGS		ROUTING NUMBER								BANK ACCOUNT NUMBER									

This authorization is to remain in full force and effect until Mannatech, Incorporated has received written notification from me (or either of us) of its termination in such time and manner as to afford Mannatech and DEPOSITORY a reasonable opportunity to act on it.

DATE _____ SIGNED X _____ SIGNED X _____
IF JOINT ACCOUNT

- FOR THIS FORM TO BE ACCEPTED AND PROCESSED, THE NAME OF THE ASSOCIATE (OR BUSINESS NAME) MUST MATCH THE NAME ON THE VOIDED CHECK/SAVINGS DEPOSIT SLIP SUBMITTED.
- IT IS A FEDERAL OFFENSE TO FORGE A SIGNATURE.
- MANNATECH WILL CHARGE A \$25.00 FEE FOR INSUFFICIENT BANK ACCOUNT BALANCES.
- ASSOCIATES ARE RESPONSIBLE FOR ALL FEES IMPOSED BY THEIR FINANCIAL INSTITUTION FOR RETURNED ITEMS.

Attachment: Checking Account-Voided Check
Savings Account-Voided Deposit Slip

TAPE HERE

ROBERT J. WILLIAMS
1234 YOUR STREET 123-4567
ANYWHERE, U.S.A. 12345

Month & Day _____ Year _____

Pay to the Order of _____ Payee \$ _____

Legal Amount _____ Dollars

BANK ONE
TEXAS, N.A.

For _____ Memo _____ Signature of Payer _____

111000614 3033 0123456789

Routing Transit Number (9 digits) Check Number Account Number (variable)

TAPE HERE

3033
32-61
1110

Associates are responsible for inspection of all checking/savings account withdrawal transactions and must notify Mannatech, Incorporated immediately of any errors. Failure to notify Mannatech, Incorporated of errors within two months of the erroneous transaction will relieve Mannatech, Incorporated of any and all liability associated with the error.