

How Do I...

fill in a Public Bank Direct Debit Authorisation form

If you opt to pay for your autoship by direct bank debit, you will need a current or savings account with Public Bank Berhad (PBB). You may obtain this form from any Public Bank Berhad branch in Malaysia, or from the USANA PJ Office

Fill in your name as it appears in your bank account (1)

Fill in your PBB current or savings account number (3)

Fill in your USANA ID here (or leave it blank, we will fill in for you) (6)

Fill in your name as it appears in your USANA distributorship (7)

We suggest the authorised limit be set at RM 2000.00 which covers a 200 SV point autoship (8)

Fill in your IC or MyKad number (2)

The PBB Branch where your account is maintained (4)

Write 'UHS Essential Health Malaysia Sdn Bhd' here (or leave it blank, and we will fill it in for you.) (5)

Your signature as in your bank record (9)

Your Address and contact number (10)

DIRECT DEBIT AUTHORISATION FORM

Date: _____

The Manager
Public Bank Berhad

Branch _____

Dear Sir,

I/We Ng Ah Choong (Identify Card or Business Registration Number _____) hereby request and authorise Public Bank Berhad (hereinafter referred as "the Bank") to pay the undermentioned Payee Corporation in accordance with the instructions as the Bank may receive from the Payee Corporation from time to time in settlement of the Billing Account enlisted below and debit my/our account stated below for the amount not exceeding the authorised limit specified in this form.

My/Our account number 4-4857293-33 maintained with P.J. New Town Branch

Name of Payee Corporation: UHS ESSENTIAL HEALTH (MALAYSIA) SDN BHD

Billing Account Number (Distributor Number) 2367088 Registered Subscriber's Name (Distributor Name) Dennis Ng Ah Choong Authorised Limit (RM) 2000.00

I/We AGREE that the Bank accepts this request and authorization for payment upon the following conditions:

- My/our first payment to the Payee Corporation shall commence only upon receipt of the first debit instruction from the Payee Corporation subject to the application being accepted and approved by the Bank and the Payee Corporation.
- We shall settle all outstanding moneys under this Billing Account as itemised in the Direct Debit Authorisation Form directly with the Payee Corporation until the Direct Debit Service (DDS) is effected.
- Should the registered subscriber be someone other than myself/ourselves, the bank shall not be required to enquire whether the registered subscriber's name in the Payee Corporation's record is the same as that stated by me/us on this form.
- We undertake to ensure that sufficient funds are kept in my/our account to meet the above authorisation. The Bank is under no obligation to effect the DDS if there are insufficient funds in my/our account to meet the above authorisation. If my/our account is overdrawn, I/we shall on demand by the Bank make good any amount overdrawn plus any interest payable thereon.
- Where there is sufficient available funds in my/our account, but the same is insufficient to pay on all the debit instructions, the Bank may in its absolute discretion elect not to make any payments on all the debit instructions, and/or to determine the order of priority payment of any debit instruction the Bank deems fit, in which event I/we shall be responsible to pay the Payee Corporation directly. The Bank is under no obligation to notify me/us of the debit instructions rejected due to whatever reasons. I/We request and authorise the Bank to re-attempt to debit the amount due from my/our account on any other date(s) subject to further instruction(s) from the Payee Corporation.
- The Bank shall not be held responsible or liable to me/us for any claims, loss, damages, cost and expenses (including consequential, incidental, special and indirect loss or damage or claims made on me/us or by any third party) arising from the successful or unsuccessful debit instruction due to whatsoever reason and wrongful debit of account due to inaccurate information provided by me/us or the Payee Corporation and other factors beyond the reasonable control of the Bank. Under such circumstances, I/We shall seek recourse or resolve the payment directly with the Payee Corporation.
- The Bank may at its absolute discretion terminate this request and authorisation for future payments at any time by notice in writing to me/us or without notice at any time after advised by the above-mentioned Payee Corporation that no further payment is required, or without assigning any reason therefor.
- This request and authorisation for payment will remain effective for the protection of the Bank in respect of payments made in good faith notwithstanding my/our death or bankruptcy or the revocation of this request and authorisation for payment by any other means until notice of my/our death or bankruptcy or of such revocation is received by the Bank. The notice of termination by me/us or from the Bank shall not affect those bill(s) or charges incurred by me/us prior to the date of termination.
- The Bank reserves the right at its absolute discretion to levy a service charge for each successful Direct Debit transaction by debiting my/our account. I/We further understand that the Bank is entitled from time to time to vary such charges or impose other charges as deemed appropriate for providing the DDS without prior notice to me/us.
- I/We are/are responsible to notify the Bank in writing immediately of the termination of the DDS by me/us; changes in my/our account number and/or the Billing Account Number. In any event, such notice will only take effect on the date of receipt by the Bank. Any notice sent by the Bank to my/our last registered address with the Bank is deemed to have been received by me/us.
- Instruction amount which exceed the limit specified in my/our authorisation shall be rejected by the Bank, in which event I/we shall be responsible for paying the Payee Corporation directly. In this respect, I/we authorise the Bank to release details of my/our account to the Payee Corporation, and to obtain details of my/our bill(s) from the Payee Corporation. I/We further consent to such disclosure and declare that the Bank shall be under no liability for disclosing such information.
- The Bank reserves the right at any time:
 - without prior notice to discontinue, interrupt, withdraw or suspend this DDS in whole or in part as the Bank deems fit and without assigning any reason whatsoever, and the Bank shall not be held liable for any loss or damage which may be suffered by me/us or any other party registered under the DDS as a result of such action by the Bank.
 - to add, delete or amend any of the above conditions without notice. Such amendments shall become effective on such date as the Bank may elect to adopt, and the continued use of the DDS by me/us shall constitute acceptance of the said amendments.
- Notwithstanding the above conditions of this DDS, I/we shall be bound by the Bank's conditions governing the operations of my/our account which shall be construed in accordance with the Laws of Malaysia.
- In consideration of the Bank agreeing to provide the DDS, I/we hereby undertake to indemnify and hold the Bank harmless and indemnified against all actions, proceedings, claims, damage, cost, expenses, demands and losses which the Bank may incur or sustain by reason of the Bank carrying out the above request and authorisation by me/us, and/or Payee Corporation.

Signature(s) of Account Holder(s) as per Bank's records
(All authorised signatories/all joint account holders are to sign)

A Choong

Address _____

Postcode _____

Telephone _____

Bank's Copy

For Bank's Use Only			
Account Holding Branch		Rejected	
Approved	Signature Verified	Signature(s) differs from Bank's record	
	All relevant enclosures verified	Wrong Account Number	
		Amendments not countersigned by customer(s)	
		Others (please specify)	
Processing Officer	Branch Manager/Assistant Branch Manager	Date	
Process Owner Branch			
Processing Officer	Branch Manager/Assistant Branch Manager	Date	