



**Commission Bank Transfer Authorisation Form
For New Zealand Distributor**

Distributor's Full Name:		Distributor ID Number:
Address: (not a PO Box)		
Suburb:	City:	Post Code:
Telephone:		Contact Email Address:
BANK INFORMATION		
Name of Bank:		
SWIFT Code:	Bank Account Number:	
Branch Address:		
Suburb:	City:	Post Code:
Name of the Account Holder:		

Authorising Signature: By signing this document, you are authorising Bank Transfer payment method for commissions, which are to be sent to the above account.

Applicant's Name (PLEASE PRINT CLEARLY): _____

Applicant's Signature: _____

Date Signed: _____

Please return this completed form to: Commission Team

account@enagic-australia.com