



DIRECT DEPOSIT INSTRUCTIONS

Print out this form, complete all requested information, and mail or fax to Kyäni's corporate office:

Kyäni, Inc.
Attention: Accounting
1070 Riverwalk Dr. Suite #350
Idaho Falls, ID 83402
Fax (208) 529-9873

After the corporate office receives this form, it will take approximately three (3) weeks for the first payment to be made using the Direct Deposit Program.

If at some future time you would like to cancel this service or need to change your bank information, you will need to resubmit this form, selecting the appropriate box indicating what change is to be made.

Cancellations will be effective immediately upon receipt of this form. Other changes will take three (3) weeks to process.

CLIENT INFORMATION - PLEASE PRINT

Name															Distributor ID#									
Address																								
City										State					Zip/Postal Code					-				

FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution																								
Routing #					Account #															Account Type				
																				<input type="checkbox"/> Checking <input type="checkbox"/> Savings				
Address																								
City										State					Zip/Postal Code					-				

CHANGE TO BE MADE (CHECK ONE)

- Add—Please deposit to the account above
- Change—Please change the financial institution and/or account number as shown
- Cancel—Please stop my participation in the Direct Deposit Program

AUTHORIZATION FOR DIRECT DEPOSIT

I authorize Kyäni, Inc. and the financial institution named above to initiate entries to my checking/savings account. This authority will remain in effect until I file a new Authorization Form.

PLEASE ATTACH VOIDED CHECK

Signature

Date