

Standard Authorization Letter as of 2020 October / M&SO10072020

AUTHORIZATION LETTER

IN ABSENCE OF THE DEALER / PAYEE (CRD2020 FORM)

Date: _____

HWonderful Morning!

★ I, _____, with HWIC DPN No. _____ and residing at (origin) _____, Hereby authorized my (upline, downline, relative) _____ with HWIC DPN _____ to transact with HWIC, pick up documents, and sign receipts/invoices pertaining to the following item listed below:

A. TO CLAIM (CHECK RELEASING)

On-us Checks amounting to P _____
DATE CUT-OFF _____

B. REQUEST TO PRINT & PURCHASE (AT THE MARKETING TOOLS AREA)

Print of ASM / HealthStore Voucher (No.of Points) _____
 SC Plus Voucher _____

C. TO TRANSACT (REGISTRATION)

MY ASM RENEWAL (INDICATE DPN) _____ - _____
 USE MY ON-US CHECK/S TO PURCHASE UNDER MY NAME

AMOUNT: _____

USE MY ON-CHECK/S TO PURCHASE FOR (OTHER PERSON): ★ SIGNATURE _____

NAME/s: _____

CHECK No _____	Amount _____
_____	Amount _____
_____	Amount _____
_____	Amount _____

USE MY ACKNOWLEDGEMENT RECEIPT/S (AR)

AR NO. : _____
Quantity: _____

★ SIGNATURE _____

Attached herein are my **VALID ID'S** with my **THREE (3)** specimen signature.

Thank you.

Sincerely,

Authorized Representative:

★
(Signature over Printed Name)

(Signature over Printed Name)

Contact No. _____

I hereby declare and undertake that the abovementioned details all On-Us Checks, HealthStore, & SC Plus Vouchers transacted at HW Corporate Office were all in order and complete in required documentation. However, should there be a valid complaint/s of any misuse or unauthorized use of On-Us checks and/or SC Plus Vouchers, HWIC shall have the right to **deduct the corresponding amount from my commissions as Service Center Owner/ Check Endorser or PAY OUTRIGHT IN FULL AMOUNT.**