Employee Authorization for Business Expense Reimbursements:

I authorize Lubricar Inc. and the financial institution listed below to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the account listed below each payday. This authority will remain in effect until I cancel it in writing with the Human Resources department.

[] Checking Account [] Savings Account

Financial Institution_____

City, State _____

Employee Signature _____

Date _____

Employee Name (please print) _____

Transit/Routing (ABA) Number

Account Number at Financial Institution