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)Employee Email (please print)	
Transit/Routing (ABA) Number	
Account Number at Financial Institutio	n