EFT AUTHORIZATION

I (we) hereby authorize Great La Lubricants, hereinafter called COMPAI account indicated below and the finance called FINANCIAL INSTITUTION, to de	NY, to initiate cial institution ebit the same	debit entries named below	to my (ou w, hereina ount for	ıfter	
of ACH transactions to my (our) accoulaw.		oly with the p	ovision of	U.S.	
(Financial Institution Name)		(Branch)			
(Address)		y)	(State)	(ZIP)	
	Тур	e of Account: _	Chec	cking	
(Routing Number) (Account Number)			Savir	Savings	
This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.					
(Print Name of Authorizing Individual)		(Date)			
(Signature of Authorizing Individual)		(E-Mail Address)			
Please Attach Copy o	f VOIDED Ch	neck Here			

All written authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization.

Single entry reversals do not require authorization by the Receiver. Therefore, previous recommended language regarding the initiation of possible credit entries is no longer stated in the authorization.

The underlined language in the authorization above represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.