

ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Zimri DM LLC DBA PMI Lubricants to initiate debit entries to my (our) checking/saving account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

Name of Financial Institution

Branch, City, State & Zip

Name on Account

Routing Number

Account Number

This agreement will remain in effect until PMI Lubricants is notified by me (us) in writing to cancel it in such time as to afford a reasonable opportunity to act on it.

Authorized Representative Name

Authorized Representative Signature

Authorized Representative Title

Date