

Authorization Agreement for ACH

Name: _____

I hereby authorize Restaurant.com, Inc., hereinafter called "Company," to initiate credit entries and, if necessary, debit entries for adjustments to any credit entries, to my account indicated below and the depository named below, hereinafter called "Depository", to credit and/or debit the same to such amount.

Bank Name: _____

City: _____

State: _____

Zip: _____

Attach voided check

| Bank Routing Number | Account Number | Account Type (Chkg, Savings) |
|---------------------|----------------|------------------------------|
| | | |

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name: _____ SSN: _____

Signature: _____ Date: _____

Fax or mail to:

Restaurant.com
1500 Shure Drive, 6th Floor
Arlington Heights, IL 60004
Attn: Accounting
Fax: 1-877-320-8721