



**ATTACHMENT D
TO FRANCHISE AGREEMENT
REQUEST FOR PRE-AUTHORIZED PAYMENTS**

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REQUEST FOR PRE-AUTHORIZED PAYMENTS

INSTRUCTIONS:

PAYMENT AMOUNT: _____

DATES OF PAYMENT: _____

BANK ACCOUNT NUMBER: _____

TRANSIT NUMBER: _____

BANK & BRANCH: _____

NAME OF ACCOUNT IN BANK RECORDS: _____

SIGNING OFFICER SIGNATURE: _____

PLEASE COMPLETE THIS FORM AND RETURN IT TO FRANCHISOR ALONG WITH ONE OF YOUR UNSIGNED CHECKS MARKED VOID (FOR VERIFICATION PURPOSES) FROM YOUR BANK OR TRUST COMPANY

I/We authorize Noodles Development, L.P., a Texas limited partnership (hereinafter referred to as "**Noodles Development**") and/or any of its subsidiaries or affiliates to debit the account of the undersigned maintained with the financial institution and according to the dates indicated above, in accordance with the PAYMENT AUTHORIZATION below, for purposes of paying weekly royalties, Corporate Advertising Budget contributions and all other payments required to be made to Noodles Development in accordance with the Franchise Agreement between Noodles Development and the undersigned or as specifically identified in the Operations Manual.

AUTHORIZATION TO HONOR PAYMENTS

NAME OF BANK: _____

ADDRESS: _____

You are hereby requested and authorized to pay and debit my/our account at your office, or at another branch of your institution if it is transferred there; all checks drawn on you on my behalf and made payable to Noodles Development and/or any of its subsidiaries or affiliates or drawn on you by Noodles Development and/or any of its subsidiaries or affiliates; and all amounts specified on any magnetic or computer produced paper tapes requesting that you pay Noodles Development and/or any of its subsidiaries or affiliates.

In consideration of your acting as aforesaid, it is agreed that your treatment of each check and/or tape and your rights with respect to it shall be the same as if it were signed by the undersigned personally, authorizing and requesting you to pay and credit the amount to Noodles

Development and/or any of its subsidiaries or affiliates, debiting our account and failure to pay shall give no liability on your part, regardless of the loss or damage.

Any delivery of this authorization to you will constitute delivery by the undersigned.

I/we have read and understood the terms of this Authorization and acknowledge receipt of a copy thereof.

(The signature appearing below must be the same as the signature appearing in the signature file of the financial institution identified above.)

DATED at _____ this _____ day of _____, 200__.

AUTHORIZED SIGNATURE(S):

By: _____

By: _____