





Computershare Trust Company, N.A. PO Box 30170

College Station, TX 77842-3170

Within USA, US territories & Canada 800 884 4225 Outside USA, US territories & Canada 781 575 4706

/ww.computershare.com/investor

	www.computersnare.com/investor
Name	
Address	
City, State, Zip	Holder Account Number
se a <u>black</u> pen. Print in APITAL letters inside the grey reas as shown in this example.  A B C 1 2 3 X	This form is to be used for recurring debits only.  Do not use for one time purchases.
Direct Stock Purchase Plan - Direct Debit Authorization	- Monthly
unds will be withdrawn on the 12th of e month or next business day.	Dollar Amount:  This plan allows for a minimum amount of \$50 with a maximum of \$10,000 per month. If applicable, an enrollment fee will be deducted from the initial investment.
inancial Institution Information	
lease select one. Individual Joint Other	B. Please select one.  Checking Account Savings Account
nancial institution account number	Financial institution routing number
ote: DO NOT USE A CREDIT CARD. If you do not know your account number or the routing number, p coount numbers must be in numeric format. ame(s) in which the above account is held	elease see the reverse side of this form or check with your financial institution.
ote: If you are not currently enrolled in this company's Plan, by signing this form, you agree to the following: urchase additional shares (if available); (2) to be bound by the terms and conditions of the prospectus or broc f the prospectus or brochure; and (4) that you further agree that your participation in the Plan will continue u articipation in the Plan. Upon providing such notification, you acknowledge that withdrawal from the Plan will	hure that governs the Plan; (3) that you have read and fully understand the terms and conditions ntil you notify Computershare in writing or by other available means that you desire to terminate be subject to the terms and conditions of the prospectus or brochure that governs the Plan.
We hereby authorize Computershare to make monthly automatic transfers of funds from the above account in the II owners of the financial institution account must sign below.	amount shown. This deduction will be used to purchase shares to be deposited into my/our account.
gnature 1 - Please keep signature within the box.  Signature 2 - Please keep signature with	in the box.  Date (mm/dd/yyyyy)
aytime Telephone Number	
Please return o	completed form to:  Computershare PO BOX 30170 College Station, TX 77842-3170

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## How to complete this form

- 1. Amount of automatic deduction: Indicate the amount authorized to transfer from your account to purchase additional shares.
- 2. Indicate the type of account held with the financial institution.
- Indicate checking or savings.
- 4. Print the complete financial institution account number.
- 5. Print the financial institution routing number from your check or savings deposit slip. **If you are using a savings account, contact your financial institution for the routing number.**
- 6. Print the name(s) in which the financial institution account is held.
- All authorized owners of the financial institution account must sign this form.

## **SAMPLE CHECK** John A. Doe 63-858 670 Name(s) in which Mary B. Doe account is held 123 Your Street Anywhere, U.S.A. 12345 PAY TO THE ORDER OF \$ Bank of Anywhere Financial institution and 123 Main Street Anywhere, USA 12345 branch information FOR SAMPLE (NON-NEGOTIABLE) 12345678901234567 123456789 1234 Bank Routing Number Bank Account Number Check Number This number typically begins with a 0, 1, 2 or 3.