<b>Computershare</b>
——ON BEHALF OF—
The WALT DISNEP Company



Computershare Trust Company, N.A. PO Box 505052 Louisville, KY 40233-5052

Within USA, US territories & Canada 855-553-4763 Outside USA, US territories & Canada 781-575-3335

Name(s)	www.disneyshareholder.com
Address	Current Holder Account Number
City, State, Zip	С
	Company Name: The Walt Disney Company
Use a <u>black</u> pen. Print in CAPITAL letters inside the grey areas as shown in this example.	This form is to be used for recurring debits only.  Do not use for one time purchases.
<b>Direct Stock Purchase Plan - Direct Debit Authorization</b>	n - Monthly
Funds will be withdrawn on the 15th day of the month or on the next business day.	Dollar Amount:  The plan allows for a minimum amount of \$50 with a maximum of \$250,000 per year. If applicable, an enrollment fee will be deducted from the initial investment.
Financial Institution Information	_
A. Please select one. Individual Joint Other	B. Please select one.  Checking Account Savings Account
Financial institution account number	Financial institution routing number
Note: DO NOT USE A CREDIT CARD. If you do not know your account number or the routing number, Account numbers must be in numeric format.  Name(s) in which the above account is held	please see the reverse side of this form or check with your financial institution.
Note: If you are not currently enrolled in this company's Plan, by signing this form, you agree to the following: purchase additional shares (if available); (2) to be bound by the terms and conditions of the prospectus or brown of the Plan will continue uponticipation in the Plan. Upon providing such notification, you acknowledge that withdrawal from the Plan will live hereby authorize Computershare to make monthly automatic transfers of funds from the above account in the All owners of the financial institution account must sign below.	chure that governs the Plan; (3) that you have read and fully understand the terms and conditions intil you notify Computershare in writing or by other available means that you desire to terminate I be subject to the terms and conditions of the prospectus or brochure that governs the Plan.
Signature 1 - Please keep signature within the box. Signature 2 - Please keep signature with	nin the box. Date (mm/dd/yyyy)
Daytime Telephone Number	

Please return completed form to:

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Computershare PO Box 505052

Louisville, KY 40233-5052

## 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.
- 3. 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.
- 7. All authorized owners of the financial institution account must sign this form.

## **SAMPLE CHECK**

