



Automatic Investment Form

Confidential Information

The Procter & Gamble Company
Shareholder Services
PO Box 5572
Cincinnati OH 45201-5572
800-742-6253 (US and Canada) or 513-983-3034
www.pg.com/investor

Name as Registered on Your Shareholder Account

Your Mailing Address

Your City State Country ZIP/Postal Code

() Your Daytime Phone Number Your Shareholder Account or Taxpayer ID Number

Check here if this is a new address

The Procter & Gamble Company and the Shareholder Investment Program recognize and respect the importance of protecting the privacy of Procter & Gamble shareholders' personal information. We will not share or disclose your personal information with any third party, except to provide account services to you. If you have questions about how this plan collects and uses your personal information, please contact us to obtain a copy of our full "Shareholder Investment Program Privacy Statement."

We invite you to take advantage of the automatic investment feature of our Shareholder Investment Program which makes purchasing P&G stock even easier.

- There is NO fee associated with Automatic Investment, versus \$2.50 per investment for check processing.
- Funds can be deducted from your checking or savings account. Your financial institution must be a member of the Automated Clearing House (ACH).
- Payments are debited from your account on or about the 5th or the 20th of the month. If you choose to pull on both the 5th and the 20th, the amount deducted must be the same for both investments.
- After your initial investment of \$250.00 or more, the minimum amount per deduction is \$50.00 (with a maximum of \$6,000,000.00 per calendar year)
- Shares will be purchased under the terms and conditions of the Shareholder Investment Program as described in the program prospectus (available online at www.pg.com/investor).

AUTOMATIC INVESTMENT /CHANGE OF INFORMATION FORM

Deductions can only be made from accounts at U.S. Banks and Financial Institutions. Contact your financial institution to obtain the correct ABA and account number information. If deducting from a checking account, please include a voided check with your request.

Please select ONE of the investment frequencies below:

- One time **
- Regular monthly on the 5th
- Regular monthly on the 20th
- Regular twice-monthly on the 5th and 20th

** A one time pull will occur on or about the 5th or the 20th of the month, whichever comes first following receipt of this form. Requests received less than two Business Days prior to one of those dates will be processed on the next available date. If you use an automatic investment to open your account, the minimum must be \$250.00.

Mr. John Doe 1234 Street Cincinnati, OH 45118	123
Pay to the Order of _____	_____ Dollars
PLACE VOIDED CHECK HERE	
For _____	_____
I: 123456789 I:	1234567890 II: 123

DEDUCTION AMOUNT: \$ (minimum \$50.00)

Select type of account funds are drawn from: Checking Savings

ABA ROUTING NUMBER (MUST BE NINE DIGITS):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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YOUR BANK ACCOUNT NUMBER:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I authorize P&G to deduct the above stated amount from my bank account on the withdrawal date(s) specified on this form. This authority will remain in effect until written notice for change or termination is submitted by me, or until P&G sends notification that this automatic investment service has been discontinued.

SIGNATURE(S): Shareholder Signature _____ Date _____
 Joint Owner Signature (All joint owners must sign) _____ Date _____