



Computershare Trust Company, N.A.
PO Box 43078
Providence, Rhode Island 02940-3078
Within the US, Canada & Puerto Rico: 1-800-621-7825
Outside the US, Canada & Puerto Rico: 1-312-360-5129
TDD: 1-312-588-4110
www.computershare.com/mcdonalds

Holder Account Number

(for existing accounts only)

Use a black pen. Print in CAPITAL letters inside the grey areas as shown in this example.

Example boxes for letters A B C, numbers 1 2 3, and symbol X

This form is to be used for recurring debits only. Do not use for one time purchases.

MCDirect Shares, McDonald's - Direct Stock Purchase Plan - Direct Debit Authorization

Please select one. [ ] Funds will be withdrawn on the 15th of the month or the next business day. [ ] Funds will be withdrawn on the last business day of the month. [ ] Funds will be withdrawn on both the 15th and the last business day of the month.

The funds to be withdrawn on the date indicated above.

Dollar amount input field with \$, comma, and decimal markers

Dollar Amount:

The Plan allows for a minimum amount of \$50 per ongoing automatic investment with a maximum amount 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 account number input field

Financial institution routing number

Financial institution routing number input field

Note: DO NOT USE A CREDIT CARD. If you do not know your account number or the routing number, please see the reverse side of this form or check with your financial institution.

Name(s) in which the above account is held

Name(s) input field

Note: If you are not currently enrolled in this company's Plan, by signing this form, you agree to the following: (1) to enroll in the Plan for full dividend reinvestment so that all of your dividends will be used to purchase additional shares (if available); (2) to be bound by the terms and conditions of the prospectus or brochure that governs the Plan; (3) that you have read and fully understand the terms and conditions of the prospectus or brochure; and (4) that you further agree that your participation in the Plan will continue until you notify Computershare in writing or by other available means that you desire to terminate participation in the Plan. Upon providing such notification, you acknowledge that withdrawal from the Plan will be subject to the terms and conditions of the prospectus or brochure that governs the Plan.

I/We hereby authorize Computershare to make ongoing automatic transfers of funds from the above account in the amount shown. This deduction will be used to purchase shares to be deposited into my/our account. All owners of the financial institution account must sign below.

Signature 1 - Please keep signature within the box.

Signature 2 - Please keep signature within the box.

Date (mm/dd/yyyy)

Signature 1 input box

Signature 2 input box

Date input field with slashes

Daytime Telephone Number

Daytime Telephone Number input field

Please return completed form to:

Computershare
P.O. Box 43078
Providence RI 02940-3078



