

Use this form to establish regular investments in Dupree Mutual Funds from your bank account.

1. Account Information. This request applies to the following account with Dupree Mutual Funds:

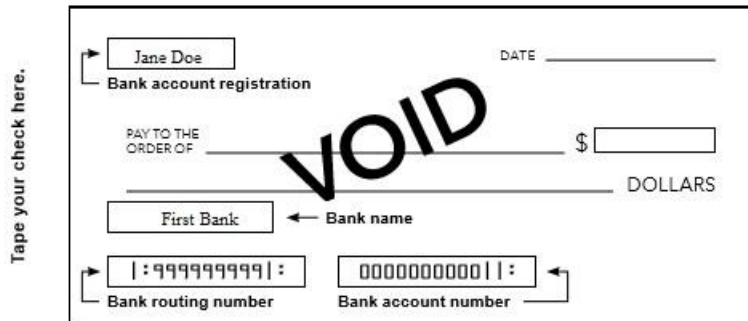
Fund	Account Number	Name of Account Holder	Name of Additional Account Holder (if any)

2. Automatic Investment Details. Please designate frequency, amount, and start date of investment:

Cycle	Amount (\$100 minimum)	Start Date (MM/DD/YY)
<input type="checkbox"/> Weekly	\$ _____	_____
<input type="checkbox"/> Biweekly (every 14 days)	\$ _____	_____
<input type="checkbox"/> Monthly	\$ _____	_____
<input type="checkbox"/> Bimonthly (every 2 months)	\$ _____	_____
<input type="checkbox"/> Quarterly	\$ _____	_____
<input type="checkbox"/> Semi-Annually	\$ _____	_____
<input type="checkbox"/> Annually	\$ _____	_____

3. Bank Information

Checking Account (Please attach an original, unsigned, and voided check below. The check must be preprinted with the bank name, registration, routing number, and account number. Copies of checks and counter/starter checks cannot be accepted.)



Savings Account (Please attach a preprinted deposit slip or proof of account from your banking institution. Proof of account must include bank account registration, bank account number, ABA routing number, and include a bank employee signature on bank letterhead.)

4. Authorized Signature(s). ALL OWNERS MUST SIGN.

By signing this application, I/we authorize Dupree Mutual Funds to withdraw funds from the above-designated bank account via Automatic Clearing House (ACH) electronic transfer and to invest these funds in the above-designated Dupree Mutual Funds account in accordance with the terms of the current fund [Prospectus](#). I/we understand that these instructions may be changed at any time upon written request to Dupree Mutual Funds.

▶ _____
Signature: Account Holder/Trustee/Authorized Agent Print Name Date

▶ _____
Signature: Additional Account Holder/Co-Trustee Print Name Date