

Authorization Agreement for Automatic Deposit

Bank Information

I hereby authorize Capitol Bankshares, Inc. to initiate credit of my Capitol Bankshares, Inc. dividend to my bank and account indicated here.

Bank Name ^

Bank Zip Code ^

Bank City ^

Bank State ^

Bank Transit / ABA Number ^

Account Number ^

Checking Savings

Personal Information

Capitol Bankshares, Inc. will complete this transaction with your approval. This authority is to remain in full force and effect until Capitol Bankshares, Inc. has received written notification from me of its termination in such time and such manner as to afford Capitol Bankshares, Inc. a reasonable opportunity to act on it.

For Stock Titled As ^

Your Full Name ^

Phone Number ^

Email ^

X
Signature ^

Date ^

X
Signature ^

Date ^

Attach Voided Check Here