CAPITOL BANKSHARES, INC.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

Bank Information

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

Bank Name:_____

Bank City:_____

Bank State:_____ Bank Zip:_____

Bank Transit / ABA Number:_____

Account Number:_____

Account Type:
☐ 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:_____

Owner	Joint Owner, if any
_____	_____
Signature	Signature
_____	_____
Type or Print Name	Type or Print Name
Date Signed:_____	Date Signed:_____

Attach Voided Check Here