

HOCKING VALLEY BANCSHARES

7 W. Stimson Avenue • Athens, Ohio 45701 • 740.592.4441

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF DIVIDENDS

I/we hereby authorize HOCKING VALLEY BANCSHARES, the COMPANY, to initiate credit entries to my/our checking account savings account (select only one) to the depository financial institution named below, the DEPOSITORY, and to credit the same to such account.

Financial Institution _____

City _____ State _____ Zip Code _____

Routing # _____ Account # _____

Phone # _____ Contact _____

When returning this form to us, please provide a VOIDED check or verification letter from your DEPOSITORY that includes both routing # and account #.

I/we acknowledge that the origination of ACH (automated clearinghouse) transactions to my/our account must comply with the provisions of US law.

This authorization is to remain in full force and effect until COMPANY has received written notification from me/either of us of its termination in such time and manner to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Hocking Valley BankShares stock registered to

Social Security/Tax ID Number _____

Authorized Signature

Date

Authorized Signature

Date