



BOSP BANCSHARES, INC.
DIVIDEND DIRECT DEPOSIT AUTHORIZATION

I (we) authorize you and the financial institution listed below to credit my (our) checking, savings or money market account for my (our) quarterly BOSP Bancshares, Inc. stock dividends.

Financial Institution Name (please print in ink)

City / State / ZIP

Bank Account Number

Bank Routing Number

I (we) have read the terms of this application and agree to the terms. This authorization will remain in full force and effect until we have received written notification from me (or either of us) of its termination in such time and in such manner as to afford you and my financial institution a reasonable opportunity to act on it.

Signature for Authorization

Date

Signature for Authorization

Date

Daytime Phone Number

Attach VOIDED CHECK here.

For Bank use:
Date rec'd: _____
Shareholder ID# _____