

ELECTRONIC DELIVERY

___ I would like to receive shareholder correspondence via e-mail. BSNB will notify you by e-mail when our Quarterly Financial Report and Annual Report are available on our website.

Please complete the fields in the space below and follow the instructions at the bottom of this page.

If your shares are held jointly, each owner should sign the printed form.

Shareholder Name(s): _____

E-mail address: _____

Signature(s): _____

Date: _____

Date: _____

Contact Phone Number: _____

ELECTRONIC DEPOSIT (ACH) OF DIVIDENDS

___ I would like to have my dividend payments automatically deposited to my bank account.

Please complete the fields in the space below and follow the instructions at the bottom of this page.

If your stock is held in joint ownership, each individual must sign the printed form.

Name of Financial Institution: _____ City/State: _____

Bank Routing #: _____

Bank Account #: _____

Name(s) on Account: _____

Signature(s): _____

Date: _____

Date: _____

Attach voided copy of check.

1234

(No check needed for BSNB accounts)

Sample

I: 021304675 I: 00123456789 II' 1234
9-digit routing number account number check number do not include

If you have any questions, please email Marcy Liquori (Marcy.Liquori@bsnb.com) or call (518) 363-8651 for assistance.

Please **print, sign, date, and return** this form to:

Ballston Spa National Bank Attn: Marcy Liquori PO Box 70 Ballston Spa, NY 12020