

DIVIDEND REINVESTMENT, STOCK PURCHASE AND SALE PLAN FOR SHARES OF

CCFNB BANCORP, INC.

ENROLLMENT APPLICATION

Please enroll this account as follows:

Check one box only (X).

If you do not check any box, then FULL DIVIDEND REINVESTMENT will be assumed.

FULL DIVIDEND REINVESTMENT

Reinvest all dividends for this account.

PARTIAL DIVIDEND REINVESTMENT

Reinvest dividends on _____ shares held by me in certificate form and on all shares held by you as Agent and pay dividends in cash on all remaining shares held by me in certificate form. You must reinvest at least 10% of your dividend distribution each dividend period.

CASH PAYMENTS ONLY (NO DIVIDEND REINVESTMENT)

All dividends will be paid in cash.

I (We) hereby appoint American Stock Transfer & Trust Company, LLC as my (our) Agent under the terms and conditions of the Plan, as described in the Brochure of the Plan which accompanied this form, to receive cash payments and apply them to the purchase of shares of CCFNB Bancorp, Inc. Common Stock as indicated below.

ACCOUNT ADDRESS _____ STREET CITY STATE ZIP CODE

_____ SOCIAL SECURITY NUMBER

SIGNATURE(S) _____

All Joint Owners Must Sign

ATTACHED IS A CHECK FOR \$

[Empty box for check amount]

MINIMUM INVESTMENT IS \$25 FOR QUARTERLY PLAN PARTICIPANTS MAXIMUM INVESTMENT IS \$1,500 AT ANY ONE TIME.

COMPLETE THIS PART ONLY IF YOU WANT AUTOMATIC MONTHLY DEDUCTIONS

I (We) hereby authorize American Stock Transfer & Trust Company, LLC to make monthly automatic transfers of funds from my (our) checking or savings account in the amount stated below. This monthly deduction will be used to purchase shares of CCFNB Bancorp, Inc. Common Stock for deposit into my (our) CCFNB Bancorp, Inc. account.

- 1. Indicate the Type of Account: Checking or Savings.
2. Print the complete Bank Account Number.
3. Print the name on Bank Account as it appears on your bank statement.
4. Print the complete name of your Financial Institution, including the branch name and address.
5. Print the ABA Number (Bank Number) from your check or savings deposit slip. See the sample below for the location of the ABA Number.
6. Amount of automatic monthly deduction: Indicate the monthly amount authorized to be transferred from your account. The minimum is \$8.34 per month and the maximum is \$500 per month from your checking or savings account to purchase CCFNB Bancorp, Inc. Common Stock.

Signature(s) _____

Date _____ Daytime Phone Number _____

Please enclose a copy of a VOIDED check or savings deposit slip to verify banking information.

FILL IN THE INFORMATION BELOW FOR STOCK PURCHASES USING AUTOMATIC MONTHLY DEDUCTIONS.

Please Print All Items

1. Type of Account Checking Savings

2.

Bank Account Number

3.

Name on Bank Account

4.

Financial Institution

Branch Name

Branch Street Address

Branch City, State and Zip Code

5.

ABA Number

6. \$

Amount of Automatic Deduction

PLEASE CONFIRM ITEMS 2 AND 5 WITH YOUR BANK PRIOR TO SUBMITTING THIS APPLICATION.

Name on Bank Account	JOHN A. DOE	_____ 20 _____
	MARY B. DOE 123 YOUR STREET ANYWHERE, U.S.A. 12345	63-858 670
Financial Institution and Branch information	PAY TO THE ORDER OF _____	\$ <input type="text"/>
	_____	DOLLARS
	First National Bank of Anywhere 123 Main Street Anywhere, U.S.A. 12345	
	FOR _____	SAMPLE (NON-NEGOTIABLE)

ABA Number

Bank Account Number