

**AUTHORIZATION FORM**

**Dividend Reinvestment and Direct Stock Purchase Plan**  
(Open Market Purchase Plan)  
for  
the Common Stock of  
**COMMUNITY BANKERS TRUST CORPORATION**

I hereby appoint Continental Stock Transfer & Trust Company ("Continental"), or its successor as appointed by The Company, as my Agent, subject to the terms and conditions of the Dividend Reinvestment and Direct Stock Purchase Plan ("Plan") as set forth in the accompanying Plan Description, receipt of which is hereby acknowledged. I authorize Continental, as such Agent, to apply my dividends and distributions as selected below and such cash deposits as it may receive from me toward the purchase of full and fractional shares of The Company's Common Stock.

I wish to enroll in the Dividend Reinvestment & Direct Stock Purchase Plan as indicated below. **I understand that my initial cash payments may be no less than \$250.00 and no more than \$5,000.00 per month.**

\_\_\_\_\_ **Dividend Reinvestment** --- I wish to apply dividends on all shares of The Company's Common Stock registered in my name to purchase additional shares.

\_\_\_\_\_ **Partial Reinvestment** --- Reinvest dividend on \_\_\_\_\_ whole shares (held by me) and send me the dividends on the remaining shares of record.

\_\_\_\_\_ **Cash Payments** --- Enclosed is a cash payment in the amount of \$ \_\_\_\_\_

\_\_\_\_\_ **Automatic Monthly Deductions** --- I authorize the monthly deduction of \$ \_\_\_\_\_ from the bank deposit account indicated below and on the **attached voided check.**

**Account # to Debit** \_\_\_\_\_

**ABA Routing # (9 digits)** \_\_\_\_\_

I authorize The Company to pay to Continental for my account all cash dividends on the shares indicated hereon and/or receive cash payments for the purchase of additional common shares. This appointment and authorization is given with the understanding that, subject to the procedures established under the Plan, I may terminate my participation in the Plan by so notifying Continental in writing.

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

SS # or Taxpayer ID # \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Birth \_\_\_\_\_