

ACNB Corporation
Dividend Reinvestment and Stock Purchase Plan

ENROLLMENT AND AUTHORIZATION FORM

I hereby appoint Continental Stock Transfer & Trust Company ("Continental"), or its successor as appointed by ACNB Corporation ("Company"), as my Agent, subject to the terms and conditions of the ACNB Corporation Dividend Reinvestment and Stock Purchase Plan ("Plan") as set forth in the accompanying Plan Prospectus, 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 and/or participate in the ACNB Corporation Dividend Reinvestment and Stock Purchase Plan as indicated below. **I understand I must have a minimum of 100 shares enrolled in the Plan in order to participate. Quarterly voluntary cash payments for the purchase of additional shares of the Company's Common Stock may be no less than \$100 or exceed \$10,000 in any calendar quarter.**

_____ **Full Dividend Reinvestment** --- I wish to apply dividends on all shares of the Company's Common Stock registered in my name to purchase additional shares. (You must enroll a minimum of 100 shares in order to participate.)

_____ **Partial Dividend Reinvestment** --- Reinvest dividends on _____ shares of the Company's Common Stock registered in my name and receive cash dividends on the remainder of my shares of record. (A minimum of 100 shares must be enrolled for reinvestment)

_____ **Voluntary Cash Payments** --- Enclosed is a cash payment in the amount of \$ _____ for the purchase of additional shares of the Company's Common Stock. (Make check payable to "Continental Stock Transfer" in an amount of \$100 to \$10,000.)

_____ **Automatic Quarterly Deductions** --- I authorize quarterly deduction of \$ _____ from the bank deposit account indicated below and on the **attached voided check or deposit slip** for the purchase of additional shares of the Company's Common Stock.

(Quarterly deduction amounts may range from \$100 to \$10,000.)

Bank Account Type - Checking _____ **Savings** _____

Bank Account # to Debit _____

Bank ABA Routing # (9 digits) _____

I authorize the Company to pay to Continental for my account all cash dividends on the shares indicated herein and/or accept cash payments for the purpose of purchasing additional shares of the Company's Common Stock for my benefit. 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: _____

Account #: _____

Mailing Address: _____

Daytime Phone #: _____

Signature(s): _____

Return the completed and signed form to drp@continentalstock.com or mail to:
Continental Stock Transfer & Trust
Attn: Dividend Reinvestment
1 State Street, 30th Floor
New York, NY 10004-1561

If you require further assistance, please do not hesitate to contact us:
Phone: 800-509-5586, Monday through Friday, 8:00AM to 6:00PM, Eastern Time
Email: drp@continentalstock.com