

AUTHORIZATION FORM

Dividend Reinvestment Plan
for
BayFirst Financial

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 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 Plan as indicated below.

_____ Name Account #

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

_____ **Cash Contribution** Enclosed is a cash contribution in the amount of (\$250.00 minimum or as much as \$75,000 per Quarter)

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. I hereby warrant, under of penalty of perjury, that the information stated is correct.

Date:

Print name:

Social Security # or Tax ID #:

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