

AUTHORIZATION FORM

**Dividend Reinvestment and Common Stock Purchase Plan
for
Orrstown Financial Services Inc**

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 Common 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 & Common Stock Purchase Plan as indicated below. **I understand that my cash payments may be no less than \$100.00 and no more than \$2,500 per quarter.**

_____ **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 Dividends on _____% of shares and receive cash dividends on the rest of Shares of record.

_____ **Cash Payments** --- Enclosed is a cash payment in the amount of \$ _____ (\$100 minimum or as much as \$2,500.00)

_____ **Automatic Monthly Deductions** --- I authorize the monthly deduction of \$ _____ from the bank deposit account indicated below and on the **attached voided check**. (\$100.00 minimum or as much as \$2,500.00 per quarter).

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 hereon 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: _____

Mailing Address: _____

Daytime Phone # _____

Signature: _____

Account Number: _____

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, 8:00 am to 6:00 pm, Eastern Time.
Email: drp@continentalstock.com