

Authorization for Dividend Reinvestment and Stock Purchase Plan

SALISBURY BANCORP, INC.

the holding company for

SALISBURY BANK AND TRUST COMPANY

To participate in Salisbury Bancorp, Inc.'s Dividend Reinvestment and Stock Purchase Plan, please complete and sign the reverse side of this authorization card, and return it in the envelope provided to:

Registrar and Transfer Company

Attn: Dividend Reinvestment Department

P.O. Box 664

Cranford, N.J. 07016-9896

This will authorize Salisbury Bancorp, Inc. to pay to Registrar and Transfer Company, as your agent, all or a portion of the dividends you receive on shares of Salisbury Bancorp, Inc., to be used together with any optional cash payments you may make to purchase additional shares of Salisbury Bancorp, Inc.

(Please see Reverse Side)

Salisbury Bancorp, Inc.
Authorization for Dividend Reinvestment and Stock Purchase Plan

Please enroll me in the Salisbury Bancorp, Inc. Dividend Reinvestment and Stock Purchase Plan as indicated below.

1. **Full Dividend Reinvestment** - Please apply dividends on all shares of Salisbury Bancorp, Inc. registered in my name, and any optional cash payments I make, to the purchase of additional shares of Salisbury Bancorp, Inc. *(Note: This Authorization Form should be received at least five days and not more than 30 days prior to a cash dividend record date.)*
2. **Partial Dividend Reinvestment** - Please apply dividends on _____ percent of the shares of Salisbury Bancorp, Inc. registered in my name, and any optional cash payments I make, to the purchase of additional shares of Salisbury Bancorp, Inc. *(Note: This Authorization Form should be received at least five days and not more than 30 days prior to a cash dividend record date.)*
3. **Optional Cash Payment** - Please invest \$ _____ (minimum of \$100, maximum of \$2,500) to purchase additional shares of Salisbury Bancorp, Inc. *(Note: You may only elect the optional cash payment option if you have checked Box 1 or Box 2 to make a dividend reinvestment election. Any optional cash payment sent with this Authorization Form should be received at least five days and not more than 30 days prior to a cash dividend record date. There is a \$2.50 service charge for an optional cash payment.)*
4. **Safekeeping of Certificates** - I wish to participate in the safekeeping service and I am enclosing certificate number(s) _____ representing _____ shares of Salisbury Bancorp, Inc. to be deposited with Registrar and Transfer Company for safekeeping. *(Note: You may only elect the safekeeping option if you have checked Box 1 or Box 2 to make a dividend reinvestment election. You must enclose a check for the \$5.00 fee with the certificate(s) to be deposited.)*

Please Print

Name: _____
(as it appears on your stock certificates)

Name: _____
(as it appears on your stock certificates)

Social Security Number: _____ - _____ - _____

Address: _____

All Persons whose Names Appear on the Certificate Must Sign.

Shareholder's Signature

Date

Shareholder's Signature

Date