

HURON COMMUNITY FINANCIAL SERVICES, INC.
AUTOMATIC DIVIDEND REINVESTMENT PLAN
SHAREHOLDER AUTHORIZATION CARD
(See mailing instructions below)

Name(s) exactly as set forth on your stock certificate or as registered on your behalf in book-entry form

Additional space for name(s) if necessary

Street Address

City State Zip Code

_____-_____-_____
Social Security Number (To be completed if the shareholder is an individual. If shares are held jointly, the Social Security Number should be that of the first person listed on the stock certificate.)

_____-_____
Employer Identification Number (To be completed if the shareholder is not an individual.)

- I am a U.S. Citizen or Resident Alien
 I am a Nonresident Alien

Dividend Reinvestment

I hereby elect to participate in the Huron Community Financial Services, Inc. (the "Company") Automatic Dividend Reinvestment Plan (the "Plan") and authorize and direct the Company, as my agent, to have all cash dividends payable on all shares of Common Stock now or hereafter registered in my name applied on my behalf to the purchase of shares of Company Common Stock. Please use the funds so set aside to purchase as many whole and fractional shares of Common Stock as is possible. I understand that all dividends received or shares credited to my Plan account will also be automatically reinvested in Company Common Stock.

Print Name

Print Name

Signature

Signature

Date

(Please sign above exactly as name appears on reverse side. If shares are held jointly, each shareholder must sign.)
Under penalties of perjury, I certify (1) that the number shown above on this Form is my correct Taxpayer Identification Number and (2) that I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (the "IRS") that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Completion of this Card directs the Company to apply your cash dividends in accordance with the terms of the Plan. Your participation is subject to the terms of the Offering Circular describing the Plan and the Plan itself. You may withdraw from the Plan by notifying the Company in writing.

Complete this form, sign it, and then mail it to:
Huron Community Bank
301 Newman Street
East Tawas, Michigan 48730

For answers to questions regarding the Plan, contact:
Jeffrey B. Loomis, President & CEO
Huron Community Bank, at (989)362-6700