

AUTHORIZATION CARD

**WACCAMAW BANKSHARES, INC.
Common Stock Direct Purchase Plan**

I hereby appoint First Citizens Bank as my agent to purchase shares of common stock, no par value (“Common Stock”) of Waccamaw Bankshares, Inc. (the “Company”), and fractional interest in shares of the Company’s Common Stock.

I understand that all purchases will be made under the terms and conditions of the Company’s Common Stock Direct Purchase Plan, which I have received, carefully reviewed and understand, and I further understand that I may revoke this authorization at any time by notifying First Citizens Bank, in writing, of my desire to terminate my participation.

Please print name(s) in which your shares are currently held

Signature(s)

Street Address

Signature(s)

City State ZIP Code

Date Social Security No./Tax ID No.

Home Telephone No.

Work Telephone No.

(If you would like to have your contributions to the Plan made electronically, complete the reverse side for automatic monthly, quarterly or annual withdrawals from a deposit account at your bank.)

ACH AUTHORIZATION CARD

I (we) hereby authorize First Citizens Bank (hereinafter referred to as "Company"), Agent for Waccamaw Bankshares, Inc., to initiate drafts or debt entries from my (our) Checking Account or Savings Account indicated below at the depository financial institution named below (hereinafter referred to as "Depository") on the fifteenth of each calendar month or, if the fifteenth is not a business day, the next following business day, to credit the same to First Citizens Bank's account established for Waccamaw Bankshares, Inc.'s Common Stock Direct Purchase Plan, and to use such funds in accordance with the terms of the Plan. I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with the provisions of United States law.

INSTRUCTIONS

ACH Type: Periodic debits from (my) (our) bank account.

Frequency: ____ Monthly or ____ Quarterly or ____ Annually (Drafts will occur on the 15th of the month)

Amount⁽¹⁾: \$ _____ **Start Date:** _____ (15th of the month or before deadline of next monthly investment)

Depository (Your Bank's Name): _____

Branch: _____

City, State and ZIP: _____

Bank Transit/ABA #: _____
(This is the first nine-digit grouping of numbers on your check)

Account Number: _____
(This is the second group of numbers right after the ABA number)

Type of Account (checking or savings) *: _____

*** Please include a voided check or voided savings deposit slip to ensure the accuracy of the information provided.**

Check Deposits:

_____ In my (our) discretion, I (we) will periodically send checks directly to Waccamaw Bankshares, Inc. Common Stock Direct Purchase Plan, c/o First Citizens Bank, PO Box 29522, Raleigh, NC 27626.

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on the termination.

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Telephone: _____

Note: Requires signature of all joint owners for deposit accounts registered in joint tenant registrations.

⁽¹⁾ **Maximum is \$15,000.00 per month.**