GoldCrest Bank

Direct Deposit Authorization Form

Effective July 16, 2026

Account Holder Information

Full Legal Name: _____

GoldCrest Account Number: _____

GoldCrest Routing Number: _____

Account Type: [ ] Checking [ ] Savings

Employer / Payer Information

Employer or Payer Name: _____

Employer or Payer Address: _____

Payroll or Benefits Contact: _____

Deposit Instructions

[ ] Deposit my entire net pay/benefit

[ ] Deposit a partial amount of $_____ per pay period

Authorization

Signature: _____

Date: _____

I authorize my employer or payer to deposit my pay or benefit directly into the GoldCrest Bank account listed above, and I authorize GoldCrest Bank to accept such deposits. This authorization remains in effect until I cancel it in writing.

This form is provided for account servicing purposes only and does not constitute a binding agreement until signed and accepted by GoldCrest Bank. Member FDIC. Equal Housing Lender.