GoldCrest Bank

Stop Payment Request Form

Effective July 16, 2026

Account Holder Information

Full Legal Name: _____

GoldCrest Account Number: _____

Daytime Phone Number: _____

Check Information

Check Number: _____

Check Date: _____

Check Amount: _____

Payee Name: _____

Reason for Stop Payment

[ ] Lost or stolen check [ ] Disputed transaction [ ] Payment no longer owed

Additional details: _____

Authorization

Signature: _____

Date: _____

I request GoldCrest Bank place a stop payment order on the check described above. A stop payment fee may apply as disclosed in the Account Fee Schedule. Stop payment orders are effective for six months and may be renewed upon request.

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.