

REQUEST FOR STOP PAYMENT

To: West Gulf Maritime Association
1717 East Loop, Suite 200
Houston, Texas 77029

Today's Date: _____

I hereby request that you stop payment on the payroll check identified below.

Name: _____ Social Security #: _____
(please print)

Address City State Zip

I.L.A. Local # _____ Work ID #: _____

Check number: _____ Check dated: _____

Reason for requesting stop payment: _____

If check was lost, was it endorsed prior to being lost? _____

I UNDERSTAND THAT MY STOP PAYMENT REQUEST IS CONDITIONAL AND SUBJECT TO WEST GULF MARITIME ASSOCIATION'S VERIFICATION THAT THE ITEM HAS NOT ALREADY BEEN PAID OR THAT SOME OTHER ACTION TO PAY THE ITEM HAS NOT BEEN TAKEN WHICH MAY TAKE UP TO 30 DAYS. I AGREE TO NOTIFY WEST GULF MARITIME ASSOCIATION PROMPTLY SHOULD THE ORIGINAL CHECK BE FOUND AND RETURN THE ORIGINAL CHECK TO WEST GULF MARITIME ASSOCIATION AT THE ADDRESS ABOVE.

I UNDERSTAND THAT FAILURE TO DO SO WILL RESULT IN MY LIABILITY IN ANY RESULTING CHARGES THAT MAY HAVE OCCURRED INCLUDING BUT NOT LIMITED TO THE AMOUNT OF THE ORIGINAL CHECK.

I AGREE TO INDEMNIFY AND HOLD HARMLESS FROM ALL COSTS, INCLUDING ATTORNEY'S FEES, DAMAGES OR CLAIMS RELATED TO WEST GULF MARITIME ASSOCIATION'S ACTION IN REFUSING PAYMENT OF THE CHECK OR IN FAILING TO STOP PAYMENT OF AN ITEM AS A RESULT OF INCORRECT INFORMATION PROVIDED BY ME.

Signature

Return by facsimile to 855-715-1717 or scan and email to epayroll@wgma.org