

# REQUEST FOR STOP PAYMENT

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

Today's Date: \_\_\_\_\_

**I request that the West Gulf Maritime Association stop payment on the payroll check identified below.**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(please print)

\_\_\_\_\_  
Address City State Zip

ILA. Local # \_\_\_\_\_ Work Number: \_\_\_\_\_

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. I agree to notify West Gulf Maritime Association promptly should the original check be found. If the check is found I also agree to return the original check to West Gulf Maritime Association at the address above. I understand that I will be liable for the amount of the check and any associated charges or damages if I attempt to cash the check or fail to return the check if found. 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

To return by facsimile: send to 855-715-1717