

REQUEST TO REISSUE CHECK

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

Today's Date: _____

I request that the West Gulf Maritime Association reissue 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 a reissued check: _____

If original check was lost, was there a stop payment request placed? _____

If the original check is no longer negotiable because more than 60 days have elapsed since date of issuance, please attach the original check to this form. Write "VOID" over the signature on the face of the original payroll check.

If the check has been lost, stolen, or destroyed, a Stop Payment request must be prepared and submitted to West Gulf Maritime Association prior to the Request to Reissue Check.

Signature

ILA Official Witness:

Signature

Title

To return by facsimile: send to 855-715-1717. If returning by facsimile, please send original check to West Gulf Maritime Association at the address above.