



## Stop-Payment Request

This STOP-PAYMENT REQUEST is for (select one):    Myself    Ward, for whom I am custodian

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Ward Name:** \_\_\_\_\_ **Ward SSN:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

\_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Select Type:**                      7j Disbursement                      Dividend                      Elders Benefits

**Reason for Stop Payment:** \_\_\_\_\_

- Stop payments will be accepted 30 day after original check date.
- There is a \$27.00 fee associated with all requests for stop payment

Through my signature below, I acknowledge my understanding that this stop payment cannot be cancelled. I acknowledge and accept the \$27.00 fee associated with a Stop Payment. If I receive the check, I am now placing a stop-payment on, I understand that I should not cash it, and I agree to bring or mail said check to The Aleut Corporation so that the Corporation can issue a replacement check to me. I understand that if I cash a check I have placed a stop-payment on, and if that check should clear the bank and I receive duplicate payment, The Aleut Corporation has the right to withhold future dividend payments until the Corporation has been reimbursed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_