



STOP PAYMENT FORM

I _____ (Print Name)
Would like to have my check (s) re-issued and agree to have the stop payment fee deducted from my check (s)

Contact Number _____

Date of Birth _____

Address _____

June Distribution []

December []

Year _____

Klawock Heenya Settlement Trust []

Klawock Heenya 7(j) []

Signature

Date

Note: The stop payment fee is \$15.00 dollars to be deducted per check