



Klawock Heenya Corporation
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STOP PAYMENT FORM

I _____ (Print Name)
would like a 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 Distribution []

Year _____

Klawock Heenya Settlement Trust Distribution []

Klawock Heenya 7(j) Distribution []

Signature

Date

Please print and submit w/ signature.

Note: The stop payment fee is \$20.00 dollars to be deducted per check.