

**Kashia Band of Pomo Indians
Of Stewarts Point Rancheria
1420 Guerneville Road, Suite 1
Santa Rosa, CA 95403**

To Whom It May Concern:

I, _____, request the Kashia Band of Pomo Indians to issue a stop payment request on my behalf to the Sonoma Savings Bank for check number _____ dated _____, in the amount of \$ _____, issued in my name for the following reason:

State Reason _____

I understand that if I receive the above mentioned original check number. I will mark VOID on the check then notify and return it to the Kashia Tribal Office as soon as possible.

I understand that a stop payment fee of \$32.00 will be deducted from my check.

I understand that my new check will be issued 30 days from the date the Kashia office receives this letter.

If you any further questions or concerns, you may contact me at the following number: Telephone # _____.

Sincerely,

Signature

Print Name

Date