

FIRST COMMONWEALTH BANK ATM FEE SETTLEMENT CLAIM FORM

Mail to: CARLSON LYNCH LTD., PO Box 367, Sewickley, PA 15143

Name: _____

Address: _____

Phone: _____

CHECK THE APPROPRIATE BOX BELOW:

I have included with this Claim Form one or more ATM receipts, or relevant portions of my bank statement(s), illustrating that I was charged an ATM fee by First Commonwealth Bank between September 16, 2009, and March 11, 2011.

I have NOT included with this Claim Form a receipt or bank statement but I certify that I was charged a transaction fee at the First Commonwealth Bank ATM located at 10 Trinity Place, Washington, PA on _____ (approximate date of visit) and the last four digits of the account number on the card used were _____.

I understand that the foregoing information may be used for purposes of verifying my claim, and I certify, under penalty of perjury, that the statements and information contained herein is truthful and accurate.

ALL CLAIM FORMS MUST BE POSTMARKED BY: July 23, 2011