

**JAMESTOWN AREA COMMUNITY FEDERAL CREDIT UNION
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 Jamestown Area Community Federal Credit Union between August 21, 2009 and May 14, 2010.

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 Jamestown Area Community Federal Credit Union ATM located at _____ 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: June 9, 2011