

**WEST VIEW SAVINGS 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 West View Savings Bank between May 18, 2008 and March 7, 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 West View Savings Bank 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: July 16, 2011**