

**BALTIMORE COUNTY SAVINGS BANK, F.S.B.**  
**ATM FEE SETTLEMENT CLAIM FORM**

Mail to: CARLSON LYNCH LTD.  
231 Melville Lane  
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 a transaction fee at one of the listed ATMs between September 23, 2010 and November 5, 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 following location at \_\_\_\_\_ on \_\_\_\_\_ (approximate date of visit) and the last four digits of the number on the ATM 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 **September 24, 2011**