

SERVICE CENTERS CORPORATION
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 an ATM fee at one of the listed ATMs between September 28, 2009, and June 8, 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**