

# ATM SURCHARGE SETTLEMENT

## CLAIM FORM

### INSTRUCTIONS

This class action alleges Defendants violated federal antitrust laws by adopting restraints that inflated the automated teller machine (“ATM”) surcharges (also called ATM access fees) that some people and businesses paid. The Defendants deny these allegations.

Generally, you are a Settlement Class Member if, at any time between October 1, 2007, and July 26, 2024, you paid a surcharge to withdraw cash from a bank ATM in the United States. You are not included if all of your surcharged ATM transactions were (a) reimbursed or (b) conducted on cards issued by financial institutions located outside of the United States.



**If you filed a claim or got a payment in the previous settlements, you will automatically be eligible to get money from the Settlement with Visa and Mastercard based on the claim you submitted previously. If you paid additional unreimbursed ATM surcharges after submitting a claim form in the previous settlements, you will need to submit an updated claim by January 22, 2025, to claim those transactions.**

**If you did not file a claim in the previous settlements, you must submit a claim no later than January 22, 2025.**

**Settlement payments will be sent to you digitally via email.** Please provide a current, valid email address and mobile phone number on your Claim Form. If the email address or mobile phone number you include with your submission becomes invalid for any reason, it is your responsibility to provide accurate contact information to the Settlement Administrator to receive a payment. When you receive the email and/or mobile phone text notifying you of your Settlement payment, you will be provided with a number of digital payment options, such as PayPal or a virtual debit card, to immediately receive your Settlement payment. At that time, you will also have the option to request a paper check.

The information you provide on this Claim Form will be used solely by the Court-approved Settlement Administrator to administer the Settlements and will not be provided to any third party or sold for marketing purposes.

You do not need to provide any documentation at this time. However, the Settlement Administrator may ask for additional documentation or proof supporting your claim.

**CLAIM FORM**

**NOTICE ID NUMBER (IF EMAIL NOTICE WAS SENT TO YOU)**

**NAME\***

*FIRST NAME LAST NAME*

**STREET ADDRESS\***

**APT**

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

**CITY\***

**STATE\***

**ZIP\***

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

**MOBILE PHONE NUMBER\***

XXX-XXX-XXXX

**EMAIL ADDRESS\***

**VERIFY EMAIL ADDRESS\***

Please ensure you provide a current, valid email address and mobile phone number on this Claim Form. If the email address or mobile phone number you provided become invalid for any reason, it is your responsibility to provide the Settlement Administrator with a current, valid email address and mobile phone number for payment.

**ATM SURCHARGE INFORMATION**

**HAVE YOU PAID AN UNREIMBURSED SURCHARGE TO WITHDRAW CASH FROM AN ATM IN THE UNITED STATES AT ANY POINT ON OR AFTER OCTOBER 1, 2007?\***

- YES
- NO

**[IF YES] WERE ANY OF THESE SURCHARGES PAID TO A BANK TO USE AN ATM OPERATED BY THAT BANK?\***

- YES
- NO

**[IF YES] WERE ANY OF THESE SURCHARGED BANK ATM TRANSACTIONS CONDUCTED WITH AN ATM CARD ISSUED BY A FINANCIAL INSTITUTION (INCLUDING ANY BANK OR CREDIT UNION) IN THE UNITED STATES?\***

- YES
- NO

**[IF YES] ESTIMATE THE NUMBER OF TIMES BETWEEN OCTOBER 1, 2007, AND JULY 26, 2024, THAT YOU PAID AN UNREIMBURSED SURCHARGE TO WITHDRAW CASH FROM A BANK ATM IN THE UNITED STATES USING AN ATM CARD ISSUED BY A UNITED STATES FINANCIAL INSTITUTION.\***

- [4 DIGIT INTEGER]

**[DROP DOWN]**

**“AS STATED BELOW, THIS CLAIM FORM IS SUBMITTED UNDER PENALTY OF PERJURY, AND THE SETTLEMENT ADMINISTRATOR HAS THE RIGHT TO ASK YOU TO PROVIDE BANK STATEMENTS OR OTHER DOCUMENTS TO SUPPORT YOUR CLAIM.”**

\*Denotes required field

**CERTIFICATION**

By signing this claim submission, I certify, under penalty of perjury, that the information included with this claim submission is accurate and complete to the best of my knowledge, information, and belief. If I am submitting this claim submission on behalf of a claimant, I certify that I am authorized to submit this claim submission on the individual’s behalf. I am, or the individual on whose behalf I am submitting this claim submission is, a member of the Settlement Class, and have not submitted a request to exclude myself, or “opt out of,” the Settlement with Visa and Mastercard. I agree and consent to be communicated with electronically via email and/or mobile phone text (message & data rates may apply). I agree to furnish additional information regarding this claim submission if requested to do so by the Settlement Administrator.

**SIGNATURE**

**DATE**

|  |                   |
|--|-------------------|
|  | <i>mm/dd/yyyy</i> |
|--|-------------------|