Merchants' Choice Settlement Administrator
P.O. Box 5110
Portland, OR 97208-5110

FORMER CUSTOMER CLAIM FORM

To claim your payment as a Former Customer, complete this form, sign it, and mail it by the deadline below. You can also file your claim online at www.MerchantsChoiceProcessingSettlement.com using the Identification Number in the Notice you previously received. Your actual payment depends on three factors and the Court's order approving the Settlement and notice and administration costs.

Your Claim Form must be postmarked by March 4, 2019. Late claims will be rejected.

PROVIDE YOUR NAME, MAILING ADDRESS, AND EMAIL ADDRESS HERE:

Merchant Name

Email Address

Mailing Address

City State ZIP Code

Identification Number (optional)

Date MM – DD – YY

Authorized Representative Signature

By signing this Claim Form, you are affirming that you are the authorized representative of a member of the Settlement Class and thus are eligible to receive the benefits of the Settlement.