CLAIM FORM

A. CLAIMANT INFORMATION

First Name: MI: Last Name:

Birthdate:

__ - __ - ____

Current Street Address (Please be advised that no P.O. Box addresses will be accepted.):

City: State: ZIP Code:

__ - ____

Country

Is this address a residential address or a business address? ☐ residential ☐ business

Primary Telephone Number:

___ - ___ - ____

Alternative Telephone Number (Optional):

___ - ___ - ____

Email Address:

B. PURCHASE INFORMATION

1. ITEMS PURCHASED

This claim only applies to debit card purchases at ARCO or ARCO/*ampm* gas stations that included gasoline between January 1, 2011 and August 30, 2013. Please select the items included in your debit card purchase:

☐ Only Gasoline ☐ Gasoline and Convenience Store Items

2. DEBIT CARD INFORMATION

Please provide the following information related to the debit card you used for your purchase:

Debit Cardholder's Name (as it appears on the card):

Issuing Bank:

Last Five Digits of Debit Card Number:

By signing below, I certify under penalty of perjury that I purchased gasoline at an ARCO or ARCO/*ampm* gas station, that I used a debit card for my purchase, and that I was charged a debit card transaction fee.

I further understand that I am agreeing to allow the Claims Administrator to contact me to verify any of the information provided related to my claim and that the Claims Administrator will avail itself of any available legal remedies to prosecute false or fraudulent claims submissions.

I understand that if I submit a valid claim and it is accepted, my name may be listed on the judgment in the court file, as part of the final judgment entered in this case as required under Oregon law.

Signature of Claimant: ☐

Print Name of Claimant (First, Middle, Last):

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Date Signed: ☐☐ - ☐☐ - ☐☐☐☐

THIS CLAIM MUST BE RECEIVED NO LATER THAN SEPTEMBER 21, 2015 TO QUALIFY. To file by mail, send this signed form to: Class Administrator, PO Box 3266 Portland, OR 97208-3266. To file online, please go to www.debitcardclassaction.com.