

**Claim your share now. >>>**

Payment Card Interchange Fee Settlement  
Class Administrator  
PO Box 2530  
Portland, OR 97208-2530

**Submission Deadline:**  
**February 4, 2025**



400692460468205480

A: P404 T17671  
City Life Lansing  
8607 Carlsbad Ln  
Lansing MI 48917-5807



Claimant ID: 4FK6D9349K  
Tax ID: \*\*-\*\*\*2320

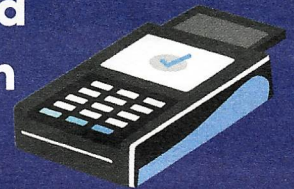
Scan the QR code to file a  
claim online via your phone,  
computer, tablet, or other  
smart device.



## • COURT-APPROVED CLAIM FORM •

**If your business accepted Visa and/or Mastercard  
between 2004 - 2019, you're now eligible to claim  
your share of a \$5.5 billion Settlement.**

**Claim your share now. >>>**



You are receiving this Claim Form because you are a merchant (business owner) who may have accepted Visa and/or Mastercard at any time from January 1, 2004, to January 25, 2019 ("Class Period"). Visa and Mastercard and their issuing banks ("Defendants") are alleged to have violated the law because they wrongfully inflated Interchange Fees. Defendants say they have done nothing wrong. They claim their business practices are legal. After years of appeals, the Settlement is now final, and it is time to file your claim for a Settlement Payment. If you do not file a claim, you will not receive a Settlement Payment.

**Please scan the QR code, or visit [www.PaymentCardSettlement.com](http://www.PaymentCardSettlement.com), for detailed information about the Settlement or to file your claim online.** If you want to make a claim by mail, fill in the information on the next page and mail the completed Claim Form using the enclosed envelope to Payment Card Interchange Fee Settlement, PO Box 2530, Portland, OR 97208-2530, postmarked by **February 4, 2025**. If you have questions, contact us at 1-800-625-6440 or [info@PaymentCardSettlement.com](mailto:info@PaymentCardSettlement.com).

### How much will you receive?

	Visa and/or Mastercard Activity Summary		
	TRANSACTIONS	VOLUME	INTERCHANGE FEES
TOTAL	XXXX	\$XXXX.XX	\$XXXX.XX

CLAIMANT ID: 4FK6D9349K  
CONTROL NO.: 582713

**This table has no values populated for your Visa and/or Mastercard transactions in the United States during the Class Period because either no eligible data was identified for the Tax ID (TIN) above or the data identified was associated with more than one TIN.** Rather than submitting this form, you can go to [www.PaymentCardSettlement.com](http://www.PaymentCardSettlement.com) and provide additional information about your business in order to ask the Class Administrator to re-query the Defendants' databases for qualifying Interchange Fees Paid by your business. You will then be notified of Interchange Fees Paid identified by the Class Administrator.

If you prefer to submit this Claim Form, provide the known or estimated dollar amount of your eligible Visa and/or Mastercard Interchange Fees Paid for the period January 1, 2004, to January 25, 2019 then complete the Claim Form. If the Class Administrator is unable to validate the Interchange Fees Paid you have claimed, you may later be required to submit documents to support your claim. If you do not know your Interchange Fees Paid, check the box "I do not know" and the Class Administrator will contact you about next steps.

As part of the Settlement, your actual recovery will not be the validated Interchange Fees Paid by your business, but rather a percentage of the total based on a variety of factors including the total number of eligible claims submitted.

File your claim now. >>>

You can scan the QR code or visit [www.PaymentCardSettlement.com](http://www.PaymentCardSettlement.com) and use the secure website credentials provided on the prior page to file your claim.



If you do not want to visit [www.PaymentCardSettlement.com](http://www.PaymentCardSettlement.com) to submit your claim online, you may provide the information requested and mail the completed form using the enclosed envelope postmarked by **February 4, 2025** to Payment Card Interchange Fee Settlement, PO Box 2530, Portland, OR 97208-2530.

By signing below, I attest that I have sufficient authority to submit this Claim Form for City Life Lansing and affirm the merchant accepted Visa and/or Mastercard between January 1, 2004, and January 25, 2019.

**Class Period Interchange Fees Paid:**

\$ \_\_\_\_\_

☐ I do not know.

**Signature:**

\_\_\_\_\_

**Date** (MM/DD/YYYY):

\_\_\_\_\_

**Printed Name:**

\_\_\_\_\_

**Title:**

\_\_\_\_\_

**Email Address:**

\_\_\_\_\_

Settlement Payments will be made after all claims are received and processed following the Claims Deadline of **February 4, 2025**. Please be patient.

**Has your mailing address or contact information changed?** Visit [www.PaymentCardSettlement.com](http://www.PaymentCardSettlement.com) and provide your TIN to update your contact information.

**Are you claiming on behalf of someone else?** For claims that are determined eligible to receive a Settlement Payment, the resulting check will be issued payable to City Life Lansing. HOWEVER, if you want any change to the payee name that would be printed on your check (if your business name has changed, or you believe you have authority for any reason to file on behalf of the named Class Member), you must provide additional information to the Class Administrator and/or submit your claim online. Please go to [www.PaymentCardSettlement.com](http://www.PaymentCardSettlement.com) or call 1-800-625-6440 for assistance.

**Questions?** Assistance with preparing your claim is available at no cost to you from the Class Administrator and Class Counsel. Please email [info@PaymentCardSettlement.com](mailto:info@PaymentCardSettlement.com) or call 1-800-625-6440.



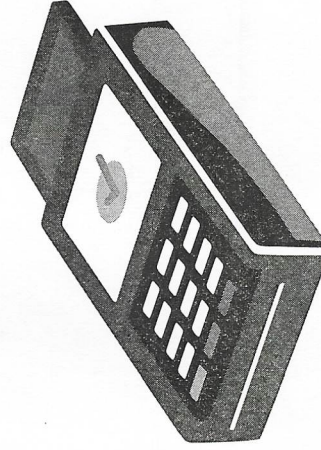
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CLAIMANT ID: 4FK6D9349K

To download a version of this Claim Form in Spanish Español, Russian Русский, Korean 한국어, Vietnamese Tiếng Việt, Japanese 日本語, Chinese 汉语, or Thai ไทย, please visit [www.PaymentCardSettlement.com](http://www.PaymentCardSettlement.com).

**Questions? Visit [www.PaymentCardSettlement.com](http://www.PaymentCardSettlement.com) or call 1-800-625-6440.**

**It is time to file your claim for your share of the \$5.5+ billion  
settlement for anyone that accepted Visa or Mastercard  
from January 1, 2004 through January 25, 2019.**



**ENCLOSED CLAIM FORM APPROVED  
BY U.S. FEDERAL COURT**

CA8642