

Generic Fee Waiver Forms for Financial Institutions

Effective March 2011, _____, a financial institution operating in Florida, agrees to voluntarily waive the wire-transfer or processing fees to our customers for wire-transfer payments for Holocaust-related reparations or restitution. Upon receipt of a written request and reasonable documentation from our customers, we will waive all of our fees associated with processing these wire-transfer payments.

Name of Institution (please print)_____

Signatory (please print):_____

Title (please print):_____

Signature:_____

Contact Telephone Number:_____

Information to be posted on Website (please print)

Name of Financial Institution:

Address for Sending Written Requests:

City_____ State_____ Zip_____

Contact Telephone Number for Questions (preferably toll-free):_____

Send this form to:

Lynn Grossman
Florida Department of Financial Services
200 E. Gaines Street
Room 624G
Tallahassee, Fl 32399-4205
850-413-4160