

Generic Fee Waiver Form for Financial Institutions

_____, 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): _____

Contact the Florida Department of Financial Services:

Telephone, Email, or Mail:

Christy Flury
Florida Department of Financial Services
200 E. Gaines, 524B
Tallahassee, FL 32399
(850) 413-5802
feewaiverhelp@myfloridacfo.com