

Dear NYS Department of Financial Services,

My bank is currently not participating in the voluntary Fee Waiver Program for reparation payments related to Holocaust era restitution programs. Please contact them on my behalf and ask them to participate in this program.

The following is the contact information for my local bank.

Bank Name: _____

Banking Contact Name (if known): _____

Bank Address: _____

Bank Phone: _____

My Name: _____

My Address: _____

My Phone: _____

My Email: _____

The best way to reach me is:

Mail

Phone

Email

Thank you.

Please return to:

New York State Department of Financial Services
Attention: Connie Walsh, HCPO
1 State Street, 22nd Floor
New York, NY 10004