

**HSA REQUEST FOR EMPLOYER REVERSAL /
CORRECTION OF FUNDS**
(FUNDS WILL BE CREDITED BACK TO THE EMPLOYER BANK ACCOUNT)



Instructions

1. Use this form to request a **reversal or correction of funds made by the Employer** – funds will be credited to the Employer bank account.
2. This request is for Fifth Third Bank to reverse or correct an HSA contribution that was made in error to a Consumer account.
3. Please fax completed form to **Fifth Third Bank HSA Operations Department at 513-358-3588**.

Consumer Information

| | | |
|--|---------------------------|---------------------------------|
| Last Name | First Name | Middle Initial |
| 796- HSA Account Number (10 digits, will begin with 796) | Original Transaction Date | Amount of Reversal / Correction |
| Reason Requesting Reversal Transaction | | |

Employer Information

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|--|
| Employer Name |
| Employer Bank Name |
| Employer Routing & Transit Number |
| Employer Account Number - please note: for the HSA solution, an Employer may only have one primary bank account number on file. |

Check here if this account should be the primary account on file going forward.

This is a request for Fifth Third Bank to reverse or correct an HSA contribution that was made in error to a Consumer account. The Consumer (Employee) and the Employer **must both** sign the form before it can be processed.

The Employer assumes the liability for the reversal / correction of the above transaction.

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|---|
| Authorized Signature of Consumer (Employee) |
| Authorized Signature of Employer |
| Employer Title |