



FIFTH THIRD BANK

HSA Contribution Correction Form

(Funds will be credited back to the HSA Account Holder)

Instructions:

1. Use this form to request correction for a **contribution made by the account holder in error – funds will be credited to the account holder.**
2. Please fax completed form to **Fifth Third Bank HSA Operations Department at 513-358-3588.**
3. If you do not have access to a fax machine, mail completed form to **Fifth Third Bank, Attn: HSA Operations Department, 5050 Kingsley Drive, MD 1MOC2G, Cincinnati, OH 45227.**
4. If you have any questions regarding making a contribution to your HSA, please contact the **Fifth Third Bank HSA Support Center at 1-888-350-5353.**

HSA ACCOUNT HOLDER INFORMATION (must match information on your HSA Account)

Last Name:			First Name:			Middle Initial:		
Social Security Number:				Employer Name (if applicable):				
Address:								
City:			State:			Zip Code:		
HSA Account Number: <i>(10 digits, will begin with 796)</i>								
Contribution Correction Amount:					Date of Original Contribution:			

Funds will be returned to your linked bank account on www.53hsa.com. If there are multiple accounts linked, please provide the last four digits of the linked bank account number for contribution correction: _____

If there is no linked bank account, your funds will be returned via check to the address on file.

Signature:

Fifth Third Bank will deposit the contribution correction into your linked bank account or issue a check to the address on file (if there is no linked bank account). The amount will include any applicable interest earned. I understand that I am liable for any tax consequences resulting from this transaction request.

NOTE: It is always recommended to consult your tax advisor with any HSA related questions.

Signature of HSA Account Holder

Date

Printed Name