



FIFTH THIRD BANK

HSA Contribution Correction Form

(Funds will be credited back to the consumer)

Instructions:

1. Use this form to request correction for a **contribution made by the Consumer in error – funds will be credited to the Consumer.**
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.**

ACCOUNT HOLDER INFORMATION

Last Name:	First Name:	Middle Initial:
Social Security Number:	Employer Name:	
HSA Account Number: (10 digits, will begin with 796) 796-		
Over Contribution Amount:	Date of Over Contribution:	

In order to have the over contribution returned, you must provide a designated Bank Account Number and Routing & Transit Number in which Fifth Third Bank will deposit those funds.

CONSUMER BANK ACCOUNT INFORMATION

NOTE: This account must be linked to your HSA account under www.53hsa.com. Otherwise, your funds requested will be issued as a check.

Consumer Bank Name:
Consumer Routing & Transit Number:
Consumer Account Number:

Signature:

Fifth Third Bank will deposit the contribution correction into the bank account above (if it is linked to your HSA) or issue a check to the address on file. 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 Consumer

Date

Printed Name