



FIFTH THIRD BANK

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 your Employee's account.
3. Please fax the completed form to **Fifth Third Bank HSA Operations Department at 513-358-3588**.
4. If you have any questions regarding making a contribution to your HSA, please contact the **HSA Employer Support Center at 866-379-3630**.

EMPLOYEE INFORMATION

Last Name:	First Name:	Middle Initial:
Social Security Number:	Date of Original Transaction(s) and Corresponding Amount(s) to Reverse/Correct (i.e. 3/15/2019, \$250.00):	
Reason for Requesting Reversal Transaction:		

EMPLOYER INFORMATION

Employer Name:	Employer Code:
Employer Bank Name:	
Employer Routing & Transit Number:	
Employer Account Number:	

This is a request for Fifth Third Bank to reverse or correct an HSA contribution that was made in error to an Employee account. The 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.

Authorized Signature of Employee

Date

Printed Name

Authorized Signature of Employer

Date

Printed Name