



Call 800-357-6246 for assistance.

Accountholder Information

First name:	MI:	Last name:
Street address:		
City:	State:	Zip code:
Account number (8 or 12 digits from your summary or member website):		
OR		
Full 9-digit Social Security number:		-
<i>Account number OR full Social Security number is required.</i>		

Distribution Information

(All Fields Required)

Date the ACH was processed to credit funds into HSA (mm/dd/yyyy):
Distribution Reversal amount that was sent via ACH to your HSA: \$ _____
Date of original distribution that you are looking to reverse (mm/dd/yyyy):
Note: HSA Bank will only reverse a distribution that occurred in the current year or the previous year. If no year is specified, the distribution reversal will be credited for the year in which it was received.

Signature

By my signature below, I swear or affirm that this credit, in the amount stated above to my Health Savings Account (HSA), is repayment of a mistaken distribution or distributions as defined by the Internal Revenue Service (resulting from a mistake of fact due to reasonable cause). I understand that I am solely responsible for any tax consequences and penalties of improper reporting of this credit as repayment of a mistaken distribution, instead of a contribution, to my HSA.	
Accountholder signature:	Date: