



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):											
<b>OR</b>											
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 <b>original</b> distribution that you are looking to reverse (mm/dd/yyyy):
<b>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.</b>

## Signature

<p>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.</p>	
<p>Accountholder signature:</p>	<p>Date:</p>