

Return of Funds Form

Complete this form to designate a refund method for funds remaining in an employer’s clearing account. Please confirm that all information provided on this Return of Funds Form is accurate and complete. HSA Bank will rely on this information in returning the funds. Upon completion, please send to your assigned Cigna Healthcare Consumer Account Specialist.

If you have any questions, please contact your assigned Cigna Healthcare Consumer Account Specialist.

All fields are required.

EMPLOYER INFORMATION			
Employer Name:			
Employer Federal Tax ID:			
FUNDING INFORMATION			
Clearing Account Designation:	<input type="checkbox"/> All Clearing Accounts <input type="checkbox"/> Specific Clearing Account(s). Please list below:		
Preferred Method for Return of Funds:	<input type="checkbox"/> Electronic/ACH – Please complete electronic section below <i>(Please Note: If an electronic method has been selected, HSA Bank may in its sole discretion send a check in place of using the electronic method)</i> <input type="checkbox"/> Check – Please complete check section below		
ELECTRONIC			
ABA (Routing Number):			
Account Number:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
(Attn. Party) Name:		Email Address:	
CHECK			
Address:	City:	State:	Zip Code:
(Attn. Party) Name:			
CLIENT CERTIFICATION			
<p>Client Attestation: Client certifies that the information in this Return of Funds Form (“Form”) is accurate and complete and that the individual signing below is an authorized agent of Client. Client requests that the remaining funds in the above stated Clearing Account(s) be returned to Client by the method indicated above. Client understands and acknowledges that HSA Bank will rely on this information provided in this Form without further inquiry.</p>			
Client Signature:		Date:	
Authorized Signature:		Date:	
Print Name and Title:		Date:	