



**HSA CONTRIBUTION / REFUND
DEPOSIT SLIP**

Account Holder Information

Name:	Check #:	Tax Year (Required):
SSN:	Deposit amount:	Date:
Account Number:	___ Contribution ___ Refund	

Be sure to include your HSA account number on your check

Please make check Payable to: The Bancorp - Wealthcare

For Individual Current Year Contributions,
mail your deposit to:
The Bancorp - Wealthcare
Attn: Deposit Operations
P.O. Box 15329
Wilmington, DE 19885-5329

For Individual Prior Year Contributions or Refunds,
mail your deposit to:
The Bancorp - Wealthcare
Attn: Deposit Operations
409 Silverside Road, Suite 105
Wilmington, DE 19809

For Questions Call 866.271.9995



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