



**REQUEST TO REVERSE EMPLOYER  
CONTRIBUTION TO EMPLOYEE  
HEALTH SAVINGS ACCOUNT**

409 Silverside Road, Suite 105  
Wilmington, DE 19809  
P: 800.555.9316  
F: 302.791.5798

**IMPORTANT!** The employer and the employee/HSA owner from whose account the HSA contribution is being reversed must complete Parts 1-4 (on page 1). **Only the employer should have access to completed Parts 5 and 6 (on page 2)**, as Part 5 may contain confidential information about another employee/HSA participant.

PART 1: Employer Information		
Employer Name:		
Address:		
City:	State:	Zip:
Contact Name:	Contact Title:	
Business Phone: (and extension)	Email:	

PART 2: Employee/Health Savings Account (HSA) Owner Information		
Employee/HSA Participant First Name:	MI:	Last Name:
Health Savings Account Number <i>(required)</i> :		

PART 3: HSA Contribution to Be Reversed	
Original Deposit Date: (mm/dd/yyyy)	Amount to be DEBITED from the HSA identified in Part 2: <i>Note: Sufficient funds must be available in the account, in order for the Bank to process this request.</i>
Notes:	

PART 4: Signature of Employee/HSA Owner - Required	
I understand that the HSA contribution specified in Part 3 was credited to my account in error. I authorize the Bank to reverse the contribution and remove the funds from my HSA, as requested by my employer.	
Signature of Employee/HSA Participant:	Date: (mm/dd/yyyy)

**IMPORTANT!** Only the employer should have access to completed Parts 5 and 6, as Part 5 may contain confidential information about another employee/HSA participant.

**PART 5: Method of Reversal (select one)**

Reverse the HSA contribution specified in Part 3 in the manner indicated below.

*Note: Sufficient funds must be available in the HSA identified in Part 2, in order for the Bank to process this request. If the Bank has any questions about the request, a representative will contact the employer's contact named in Part 1.*

<input type="checkbox"/> <b>Return the funds to the employer by check.</b> <i>Note: Check will be made payable to the employer and mailed to the employer's contact at the address provided in Part 1.</i>	
<input type="checkbox"/> <b>Return the funds to the employer electronically to the following bank account by:</b>  <input type="checkbox"/> ACH Transfer or <input type="checkbox"/> Wire Transfer	Name on the Account:
	Financial Institution Name:
	ABA Routing Number:
	Account Number:
<input type="checkbox"/> <b>Transfer the funds to the account of the following employee/HSA participant:</b>	Employee/HSA Participant Name:
	HSA Number <i>(required)</i> :

**PART 6: Signature of Employer's Authorized Representative - Required**

As instructed above, I request that the Bank reverse our employer contribution to an employee's HSA. I take full responsibility and assume any and all liability for this reversal.

Signature of Authorized Representative:	Date: (mm/dd/yyyy)
Print Name:	Title:

Please **mail or fax both** pages of this completed form (Parts 1-6) to:

The Bancorp Bank  
 Attn: HSA Deposits  
 409 Silverside Road, Suite 105  
 Wilmington, DE 19809  
 Fax: 302.791.5798

**FOR BANK USE ONLY**

Date Received: (mm/dd/yyyy)	Date Reversal Processed: (mm/dd/yyyy)	Processed by:
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