Wright-Patt CREDIT UNION, INC.®

HSA Adjustment Request

P.O. Box 340134
Beavercreek, Ohio 45434-0134
(937) 912-7000
WPCU.coop

HSA Account Number _____

HSA Account Owner's Name and Contact Information

First Name _____ MI _____ Last Name _____ SSN _____

Home Phone _____ Mobile Phone _____ Work Phone _____ Ext. _____ Email _____

Adjustment Requests

Date of Transaction	Contribution or Distribution	Amount	Reason for Adjustment

Signatures

I understand the custodian will make the adjustments to my HSA as described above. I assume responsibility for any tax consequences or penalties that may apply to the adjustments requested by me and I agree that the Trustee or Custodian shall in no way be held responsible.

HSA Account Owner _____ Date _____ Witness _____ Date _____