



Instructions: Use this form to order Health Savings Account (HSA) checks. Complete and return to Avidia Bank, PO Box 161390, Altamonte Springs, FL 32714. For assistance call 1.855.472.9399, or send an email to HSA@avidiahealthcaresolutions.com

Account Holder's Personal Information: All fields required unless otherwise indicated

First Name		MI		Last Name	
Street Address		City		State	Zip Code

Mailing Address (if Different):

Street Address		City		State	Zip Code
----------------	--	------	--	-------	----------

Authorized Signer:

First Name		MI		Last Name	
------------	--	----	--	-----------	--

Signature:

I authorize Avidia Bank to order check _____ Date _____



The balance in your HSA is insured by the Federal Deposit Insurance Corporation (FDIC), and subject to applicable deposit limits.

