



Instructions: Use this form to transfer your HSA funds between accounts with different employer groups where Avidia Bank is the custodian.



Email completed form to:  
HSAinfo@avidiabank.com



Mail completed form to:  
Avidia Bank, P.O. Box 370,  
Hudson MA 01749



Questions about this form?  
1.855.248.6311

**Account Holder's Personal Information:**

First Name		MI		Last Name			
Street Address						Apt #	
City			State		Zip		
Social Security #			Daytime Phone #				
Email Address							
Avidia Bank Account #							

**Transfer Instructions:** Upon completion of transfer, the \$0 balance account will be closed.

Transfer entire balance from current Employer Name: _____	HSA Account #: _____
Transfer entire balance to new Employer Name: _____	HSA Account #: _____

**Account Holder's Authorization:**

X \_\_\_\_\_  
Account Holder's Signature Date

