



Health Savings Authorization for Payroll Deduction

This form will assist in payroll deductions for contributions to your new Avidia Health Savings account. Complete this form with your new Avidia Health information, and send it to your Human Resource Department.

Employee Name: _____

Avidia Health Routing Number: **011375384**

HSA Account Number: _____

Bank Information: **Avidia Bank** | **42 Main Street** | **Hudson, MA 01749**

Employee Signature: _____

TO OBTAIN YOUR NEW HSA ACCOUNT NUMBER WITH AVIDIA HEALTH

Log into <https://www.MyWealthCareOnline.com/avidiahealth/>
On the home page locate the **Account Summary** tab,
hover over the **Show Account number** link.