

Instructions: Use this form to remove all funds from your Health Savings Account (HSA) and close your account with Avidia Bank.



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 Information:

First Name		MI		Last Name	
Street Address					Apt #
City		State		Zip	
Avidia Bank Account #		- OR - Social Security #			

Closing Reason:

- | | | |
|------------------|---|-------|
| Account Fees | No longer have a high deductible health plan (HDHP) | Other |
| Interest Rates | No longer eligible to contribute to an HSA | |
| Customer Service | Have an insurance plan that uses a different HSA provider | |

If transferring to another financial institution, please complete a Transfer form provided by the new institution and mail it to: Avidia Bank, PO Box 370, Hudson, MA 01749.

Disbursement Instructions (TC 168):

Deposit funds electronically to the direct deposit bank account on file.
 *Please note: If no bank account, a check will be mailed.

Mail check to the address above

Signature:

I certify that I am the proper party to receive payment(s) from the HSA and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by the Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Custodian shall in no way be held responsible.

Account Holder Signature		Date	
--------------------------	--	------	--