

Instructions: Use this form to order a book of 25 checks for your HSA account. Please note, an \$8.00 fee will be deducted from your HSA account once your request has been processed.



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:

TC 192

First Name				MI	
Last Name					
Street Address					
City		State		Zip Code	
SSN (Last 4 Digits)		Account #			

Mailing Address (if different):

Street Address					
City		State		Zip Code	

Signature:

I authorize Avidia Bank to order checks.

 Signature

 Date