



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



Securely upload  
completed form



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							

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

Close and Transfer Funds From ( <i>enter account number</i> ) (TC 222)	Transfer to ( <i>enter account number</i> ) (TC 223)

**Signature:**

I hereby authorize Avidia Bank to close my current HSA and transfer the remaining account balance into my newly designated HSA with Avidia Bank. I understand that any debit cards and/or checks associated with the account I am closing will no longer be valid and that I am responsible for destroying these items.

X _____ Account Holder's Signature	_____ Date
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