

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							

**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)
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**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 \_\_\_\_\_ Date \_\_\_\_\_  
 Account Holder's Signature