

Instructions: Complete this form to update your existing HSA account.


 Securely upload
 completed form

 Mail completed form to:
 Avidia Health, P.O. Box 370,
 Hudson MA 01749

 Questions about this form?
 1.855.248.6311

Information to Change (check all that apply)
 Update address / email address / phone

 Update my name due to marriage or legal decree *(must attach legal documentation to verify legal name)*
Account Holder's Information

First Name		MI		Last Name	
Avidia Bank Account #				Social Security #	
Phone Number					
Email Address					

Update Account Holder Information

Street Address					Apt #	
City		State		Zip		
Phone Number						
Email Address						

I authorize Avidia Bank to make the address and phone number changes shown above.

 X _____
 Account Holder's Signature Date