AVIDIA HEALTH

Name and Address Change Request Form

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

Account Holder's Existing Information

First Name		MI		Last Name	
Avidia Bank Account #		SSN		DOB	

Information to Update *(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)*

Updated Account Holder Information

First Name		MI		Last Name	
Email Address		Daytime Phone Number			

Change of Address

Previous Address	Street		City		State		Zip Code
New Address	Street		City		State		Zip Code

Please issue a debit card to new address

Signature

I authorize Avidia Bank to make the changes shown above

X_____ _____

Account Holder's Signature | Date

Rev. 09/2025

FDIC The balance in your HSA is insured by the Federal Deposit Insurance Corporation (FDIC), and subject to applicable deposit limits.

AvidiaBank