



Instructions: Use this form to order Health Savings Account (HSA) checks. Complete this form and return to Avidia Bank. Email: [HSA@AvidiaBank.com](mailto:HSA@AvidiaBank.com), fax: 1-844-560-6760, or mail: Avidia Bank, P.O. Box 370, Hudson, MA 01749. For assistance, call 1-855-472-9399.

**Name** First \_\_\_\_\_ Last \_\_\_\_\_ M.I. \_\_\_\_\_

**Address** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Mailing Address if Different*

**Address** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Authorized Signer**

**Name** First \_\_\_\_\_ Last \_\_\_\_\_ M.I. \_\_\_\_\_

**I authorize Avidia bank to order checks:** \_\_\_\_\_ **Date** \_\_\_\_\_



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

