



Instructions: Use this form to remove all funds from your Health Savings Account (HSA) and close your account with Avidia Bank. Complete this form and email or mail to: HSADeposits@avidia.com or PO Box 370, Hudson, MA 01749.

Accountholder's Information:

First Name		MI		Last Name	
Street Address					Apt #
City		State		Zip	
Avidia Bank Account #		- OR - Social Security #		-	-

Your remaining HSA balance will be mailed to you within three to five business days of Avidia Bank receiving this form.

Closing Reason:

- Account Fees
- Interest Rates
- Customer Service
- No longer have a high deductible health plan (HDHP)
- No longer eligible to contribute to an HSA
- Have an insurance plan that uses a different HSA provider
- Other

If transferring to another financial institution, please complete a Transfer form provided by the new institution and mail it to: Avidia Bank, PO Box 370, Hudson, MA 01749.

Signature:

I certify that I am the proper party to receive payment(s) from the HSA and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by the Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Custodian shall in no way be held responsible.

Accountholder Signature		Date	
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For bank use only:

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

