



Instructions: Use this form to order Health Savings Account (HSA) checks. A \$8.00 fee will be deducted from your HSA account for a book of 25 checks. Complete and return to Avidia Bank, P.O. Box 370, Hudson, MA 01749. For assistance call 855.248.6311, or send an email to HSADeposits@avidiabank.com

Account Holder's Personal Information: All fields required unless otherwise indicated

First Name		MI		Last Name	
Street Address		City		State	Zip Code

Mailing Address (if Different):

Street Address		City		State	Zip Code
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Authorized Signer:

First Name		MI		Last Name	
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Signature:

I authorize Avidia Bank to order check _____ Date _____



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

