AVIDIA HEALTH

HSA - Account Closing Form

Instructions: Use this form to remove all funds from your Health Savings Account (HSA) and close your account with Avidia Bank.

Email completed form to:
HSAinfo@avidiabank.com

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

Questions about this form?
1.855.248.6311

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	

Rev. 12/2019

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

Avidia Bank