

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.



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

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

First Name				MI	
Last Name					
Street Address					
City		State		Zip Code	
SSN (Last 4 Digits)		Account #			

Mailing Address (if different):

Street Address					
City		State		Zip Code	

Signature:

I authorize Avidia Bank to order checks.

 Signature

 Date