



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. Please email completed form to HSA@avidiahealthcaresolutions.com or mail it to Avidia Bank, PO Box 161390, Altamonte Springs, FL 32716. For assistance, please call 210-659-8100.

Account Holder's Personal Information:

TC 192

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

Rev. 06/2021



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



AvidiaBank