HSA - Check Order Form



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 this form and mail it to Avidia Bank, P.O. Box 161390 Altamonte Springs, FL 32714. For assistance, call 855.472.9399 or send an email to HSA@avidiahealthcaresolutions.com

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	

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Signature:

I authorize Avidia Bank to order checks.

Signature

Date

Rev. 12/2019



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

