



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, PO BOX 161390 Altamonte Springs, FL 32716. 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	

Signature:

I authorize Avidia Bank to order checks.

Signature

Date

