

Complete this form and email or mail to: hsa@avidiahealthcaresolutions.com or Avidia Bank, PO Box 161390, Altamonte Springs, FL 32716.

Account Holder's Personal Information:

First Name		MI		Last Name	
Street Address					Apt #
City		State		Zip	
Social Security #			Daytime Phone #		
Email Address					

Transfer Instructions: Upon completion of transfer, the \$0 balance account will be closed.

Close and Transfer Funds From (<i>enter account number</i>) (TC 222)	Transfer to (<i>enter account number</i>) (TC 223)

Signature:

I hereby authorize Avidia Bank to close my current HSA and transfer the remaining account balance into my newly designated HSA with Avidia Bank. I understand that any debit cards and/or checks associated with the account I am closing will no longer be valid and that I am responsible for destroying these items.

X _____ Date _____
 Account Holder's Signature