

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 630-773-2337.

**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