BENEFITS ADMINISTRATION
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HSA - Account Closing Form

Instructions: Use this form to remove all funds from your Health Savings Account (HSA) and close your account with Avidia Bank. Complete this form and email or mail to: HSA@avidiahealthcaresolutions.com or Avidia Bank, P.O. Box 161390 Altamonte Springs, FL 32716.

Account Holder's Information:

First Name		MI		Last Name	
Street Address				Apt #	
City		State		Zip	
Avidia Bank Account #		**- OR -** Social Security #			

Your remaining HSA balance will be mailed to you within three to five business days of Avidia Bank receiving this form.

Closing Reason:

- ☐ Account Fees
- ☐ Interest Rates
- ☐ Customer Service
- ☐ No longer have a high deductible health plan (HDHP)
- ☐ No longer eligible to contribute to an HSA
- ☐ Have an insurance plan that uses a different HSA provider
- ☐ Other

If transferring to another financial institution, please complete a Transfer form provided by the new institution and mail it to: Avidia Bank, P.O. Box 161390 Altamonte Springs, FL 32716.

Signature:

I certify that I am the proper party to receive payment(s) from the HSA and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by the Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Custodian shall in no way be held responsible.

Account Holder Signature		Date	

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