

# Add/Change Power of Attorney to HSA

Please complete this form to request Power of Attorney to be added/changed on HSA.

Please provide the following documents along with this form:

1. A copy of executed Durable Power of Attorney legal document, signed and notarized
2. A copy of current (unexpired) picture ID of the HSA accountholder
3. A copy of current (unexpired) picture ID of the person in POA capacity (POA Agent)

Please Note: It may take up to 10 business days for the completion of the request (from the time all required document is received).



**Fax completed form and  
copy of documents to:**  
844.560.6760



**Mail completed form and  
documents to:**  
Avidia Bank\*  
P.O. Box 161390  
Altamonte Springs, FL 32716



**Questions about this form?**  
855.472.9399  
M-F, 8 a.m. - 8 p.m. ET

## Section 1: HSA Owner Information (\*Indicates Mandatory Fields)

\*ACCOUNT NUMBER

\*LAST NAME

\*FIRST NAME

TELEPHONE NUMBER

EMAIL ADDRESS

\*LAST FOUR OF SSN

\*STREET ADDRESS

\*CITY

\*STATE

\*ZIP CODE

## Section 2: Person in POA Capacity Information (Agent) (\*Indicates Mandatory Fields)

\*LAST NAME

\*FIRST NAME

\*TELEPHONE NUMBER

\*EMAIL ADDRESS

\*SOCIAL SECURITY NUMBER

\*STREET ADDRESS

\*CITY

\*STATE

\*ZIP CODE

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**Section 3: Signature of HSA Account Holder**

By signing below, I certify that the information supplied on this form is complete and accurate. I agree that any third party may act under executed power of attorney document without further inquiry or investigation and regardless of the date of such authorization. I hereby ratify and confirm any and all transactions heretofore and hereafter made by the agent pursuant to the power of attorney document for my HSA. I hereby agree to indemnify and hold harmless Avidia Bank as Custodian, or its affiliates, from and against any and all claims that may arise against abovementioned bank or its affiliates resulted from reliance on executed power of attorney. This indemnification and hold harmless provision shall survive any termination of power of attorney.

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SIGNATURE OF ACCOUNT HOLDER DATE

**Section 4: Signature of Agent**

By signing below, I certify that the information supplied on this form is complete and accurate. I affirm the account holder named above appointed me as his/her true and lawful agent by provided power of attorney instrument. I understand the legal and fiduciary duties that I assume by acting or agreeing to act as the agent under the terms of executed power of attorney document provided. Important Notice: In compliance with the USA PATRIOT Act of 2001, all financial institutions are required to obtain, verify, and record information that identifies each person who opens an account or is granted authority to act on an account. What that means: as you are being named agent to act on the above-referenced account, we must ask your name, address, date of birth, and Social Security Number. This information will be verified to ensure your identity as required by the USA PATRIOT Act.

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SIGNATURE OF AGENT DATE