



Instructions: Use this form to transfer your HSA funds between accounts with different employer groups where Avidia Bank is the custodian. Complete and return this form to us by mail at Avidia Bank, P.O. BOX 161390, Altamonte Springs, FL 32716. Upon receipt of this form, Avidia Bank will transfer the funds as instructed below.

**Account Holder's Personal Information:**

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

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

Transfer entire balance from current Employer Name: _____	HSA Account #: _____
Transfer entire balance to new Employer Name: _____	HSA Account #: _____

**Account Holder's Authorization:**

X \_\_\_\_\_ Date \_\_\_\_\_  
Account Holder's Signature