



## Check Order Form

Instructions: Use this form to order Health Savings Account (HSA) checks. Complete and return to Avidia Bank, PO Box 161390, Altamonte Springs, FL 32716 or Fax to: 844-560-6770. For assistance call ABG at 800-499-3539

**Name** First \_\_\_\_\_ Last \_\_\_\_\_ M.I. \_\_\_\_\_

**Address** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

*Mailing Address if Different*

**Address** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**Authorized Signer**

**Name** First \_\_\_\_\_ Last \_\_\_\_\_ M.I. \_\_\_\_\_

**I authorize Avidia bank to order checks:** \_\_\_\_\_ **Date** \_\_\_\_\_

 **FDIC** The balance in your HSA is insured by the Federal Deposit Insurance Corporation (FDIC), and subject to applicable deposit limits.

