OMB Approved No. 2900-0665
Respondent Burden: 20 minutes

Department of Veterans Affairs

DIRECT DEPOSIT ENROLLMENT/CHANGE

IMPORTANT: You can use this form to enroll in Direct Deposit or to make a change to an existing direct deposit account.

SECTION I - TO BE COMPLETED BY PAYEE

1. NAME AND ADDRESS

2. INSURANCE FILE NUMBER

3. SOCIAL SECURITY NUMBER *(Must supply)*

4. DAYTIME TELEPHONE NUMBER

( )

I hereby authorize the Department of Veterans Affairs to start/change direct deposit at the financial institution stated in Item 7, for the purpose of depositing directly into the account stated in Item 10, any and all Government Life Insurance payments that I am entitled to receive from all insurance policies under the insurance file number shown in Item 2.

5. SIGNATURE

6. DATE

SECTION II - PLEASE ATTACH A VOIDED PERSONAL CHECK. IF YOU DO, SKIP ITEMS 7-10. IF YOU DO NOT HAVE A CHECKING ACCOUNT, CONTACT YOUR BANK FOR HELP IN COMPLETING ITEMS 7-10.

NOTE: When a Power of Attorney is applying for Direct Deposit, a copy of a check must be submitted showing the insured's name on the account.

7. NAME OF BANK/FINANCIAL INSTITUTION

8. TELEPHONE NUMBER OF BANK/FINANCIAL INSTITUTION

9. BANK ROUTING NUMBER (9 DIGITS)

10. BANK ACCOUNT NUMBER AND TYPE

☐ CHECKING
☐ SAVINGS

The *bank routing number* is always 9 digits and appears between the |: symbols.

Customer Name
Street Address
City, State, ZIP

SAMPLE CHECK

Check No. 1234

PAY TO THE ORDER OF _____ $

_____ *Dollars*

|:123456789|: 1617284958569678||: 1234

Bank Routing Number — *Bank Account Number* — *Check Number (Not needed)*

The *bank account number* varies in length and may contain dashes or spaces. The ||: symbol indicates the end of the account number.

11. DO YOU PARTICIPATE IN VAMATIC (AUTOMATIC DEDUCTION OF MONTHLY INSURANCE PREMIUM FROM A CHECKING ACCOUNT)? IF YES, DOES THIS CHANGE APPLY TO VAMATIC?

☐ YES ☐ NO

MAIL THE COMPLETED FORM TO:

For an Insured:

VAROIC-DD
P.O. BOX 42954
PHILADELPHIA, PA 19101

For a Beneficiary:

VAROIC-DD
P.O. BOX 7208
PHILADELPHIA, PA 19101-7208

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, and published in the Federal Register. Your obligation to respond is voluntary, but your failure to provide us the information could impede processing. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701).

RESPONDENT BURDEN: We need this information to ensure proper transmission of your funds via electronic transfer to your financial institution (31 CFR 208.3 and 210.4). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet page at http://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

IF YOU HAVE ANY QUESTIONS ABOUT DIRECT DEPOSIT, PLEASE CALL OUR TOLL-FREE NUMBER 1-800-669-8477.

EXISTING STOCKS OF VA FORM 29-0309, AUG 2006, WILL BE USED.