Department of Veterans Affairs

REQUEST FOR CHANGE OF ADDRESS/CANCELLATION OF DIRECT DEPOSIT

NOTE: To notify the Department of Veterans Affairs of a change in address, cancellation of direct deposit, or both, complete this form and mail it to the VA office having your records. The information is requested under Title 38, United States Code, and will help insure that VA correspondence and any VA benefit checks to which you may be entitled are sent to your correct address. Disclosure is voluntary. However, if the information is not furnished, your mail may be lost or delayed and benefit payments, if any, may be suspended. Failure to furnish this information will have no other adverse effect on any benefit to which you may be entitled. The information may be disclosed outside VA as permitted by law, or as stated in the "Notices of Systems of VA Records" which have been published in the Federal Register in accordance with the Privacy Act of 1974.

1. I AM REQUESTING *(Check appropriate box)*

☐ A CHANGE OF MY RESIDENCE ADDRESS ☐ BOTH

☐ A CANCELLATION OF MY DIRECT DEPOSIT ACCOUNT

2. I AM RECEIVING BENEFITS AS THE *(Check appropriate box)*

☐ VETERAN ☐ WIFE/HUSBAND ☐ SURVIVING SPOUSE

☐ FATHER ☐ CHILD ☐ OTHER *(Specify)*

☐ MOTHER ☐ FIDUCIARY

3. VA FILE NO. *(Include letter prefix, if any)*

4. VETERAN'S SOCIAL SECURITY NO.

5. PAYEE NO. *(Type or print)*

6. BENEFIT TYPE *(Check the benefit or benefits affected)*

☐ COMPENSATION OR PENSION

EDUCATION

☐ CHAPTER 30 (Montgomery G.I. Bill-Active)

☐ CHAPTER 31 (Voc. Rehab.)

☐ CHAPTER 32 (VEAP)

☐ CHAPTER 35 (DEA)

☐ CHAPTER 1606 (Montgomery G.I. Bill-Reserve)

☐ OTHER *(Specify)*

7. INSURANCE NO(S) *(Only give these numbers if you are receiving payments on the insurance policy of a deceased veteran)*

8. TYPE OF ADDRESS CHANGE *(Complete if applicable)*

☐ PERMANENT ☐ TEMPORARY

9. NAME OF PAYEE AS SHOWN ON CHECK *(Type or print)*

10. FIRST NAME-MIDDLE INITIAL-LAST NAME OF VETERAN

11. NEW ADDRESS *(Check only if applicable)*

NUMBER AND STREET OR RURAL ROUTE *(Include Apartment Number if appropriate)*

TELEPHONE NUMBER *(Include Area Code)*

DAYTIME

EVENING

CITY

STATE

ZIP CODE

12. TO BE COMPLETED BY DIRECT DEPOSIT PARTICIPANTS ONLY

If your benefit payment is currently being sent to a financial organization, but you want it cancelled and sent to your home address, check this box.

▶ ☐ Your payments will continue to be sent to the financial organization until the cancellation is processed. DO NOT close your bank account until your first payment is received at your home address.

13. SIGNATURE OF VETERAN OR PAYEE *(Do not print)*

14. DATE