OMB Approved No. 2900-0525
Respondent Burden: 15 minutes
Expiration Date: 03/31/2029

VA | U.S. Department of Veterans Affairs

PRE-AUTHORIZED COLLECTIONS (PAC)ENROLLMENT/CHANGE

***IMPORTANT**: You can use this form to enroll in pre-authorized deductions from your checking account for the payment of premiums or to make a change to an existing deduction.*

SECTION I - TO BE COMPLETED BY INSURED OR AUTHORIZED AGENT

1. NAME AND ADDRESS OF INSURED	2. INSURANCE POLICY NUMBER *(*This change will apply to all active premium paying policies with the exception of policies that are paid-up or on waiver.)*
	3. SOCIAL SECURITY NUMBER *(Must Supply)*
	4. DAYTIME TELEPHONE NUMBER

I HEREBY authorize the Department of Veterans Affairs to start/change a deduction from my account at the financial institution stated below for the purpose of paying Government Life Insurance premiums. I further authorize the Department of Veterans Affairs to adjust the amount of this deduction if my premiums increase or decrease. I understand that each deduction will be in the amount of my monthly premium payment and the deduction shall be made on the premium due date. Unless otherwise specified by me, this authorization will cover all of the Government Life Insurance policies under my ownership.

AUTHORIZED AGENTS: If you are an authorized agent updating the bank information for a payee, please provide a copy of your authorization (i.e., power of attorney) if you have not already done so. When updating bank information as an authorized agent, you must ensure that the bank account also includes the insured's name. Sending a voided check can help make sure your information is provided clearly to prevent delays in processing.

5. SIGNATURE OF INSURED OR AUTHORIZED AGENT *(Sign in ink)*	6. DATE SIGNED (MM/DD/YYYY)

SECTION II - PREMIUM PAYMENT INFORMATION

7. NAME OF BANK/FINANCIAL INSTITUTION	8. NAME(S) LISTED ON THE BANK ACCOUNT

9. BANK ROUTING NUMBER *(9 DIGITS)*	10. CHECKING ACCOUNT NUMBER
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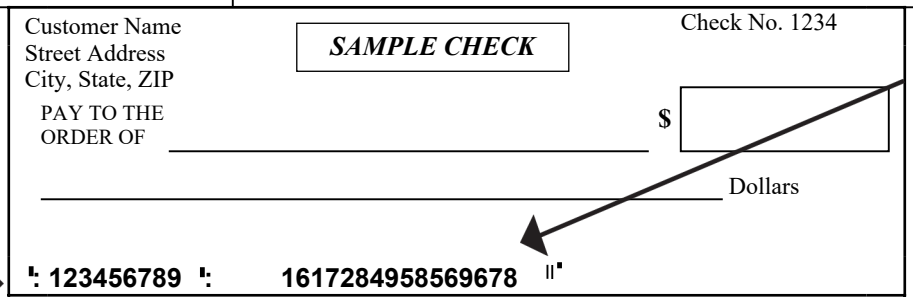
The **bank routing number** is always 9 digits and appears between the ⑆ symbols.



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

11. WOULD YOU ALSO LIKE TO USE THIS ACCOUNT FOR DIRECT DEPOSIT PURPOSES FOR YOUR POLICY(IES)?

☐ YES ☐ NO

THIS COMPLETED FORM MAY BE SUBMITTED BY:

ONLINE	OR MAIL THE COMPLETED FORM TO:
Upload the form using our secure website at https://insurance.va.gov/home/IDU	**Department of Veterans Affairs Insurance Center PO Box 5209 Janesville, WI 53547-5209**

PRIVACY ACT INFORMATION: No insurance may be converted unless a completed application form has been received (38 U.S.C. 1904 and 1942). The 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 5, Code of Federal Regulations 1.526 for routine uses as identified in VA system of records, 36VA29, Veterans and Uniformed Services Personnel Programs of U.S. Government Life Insurance - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The responses you submit are considered confidential (38 USC 5701).

RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control Number. The OMB control number for this project is 2900-0525, and it expires 03/31/2029. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden to VA Reports Clearance Officer at **vapra@va.gov**. Please refer to OMB Control No. 2900-0525 in any correspondence. Do not send your completed VA Form 29-0165 to this email address.

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