OMB Approved No. 2900-0665
Respondent Burden: 20 minutes
Expiration Date: 07/31/2027

VA | U.S. Department of Veterans Affairs

DIRECT DEPOSIT ENROLLMENT/CHANGE

IMPORTANT: THIS FORM IS ONLY VALID FOR MAKING CHANGES TO A VA LIFE INSURANCE POLICY DIRECT DEPOSIT ACCOUNT. TO MAKE CHANGES TO OTHER VA BENEFITS DIRECT DEPOSIT ACCOUNTS VISIT https://www.va.gov/change-direct-deposit/.

SECTION I - TO BE COMPLETED BY PAYEE OR AUTHORIZED AGENT

1. NAME AND ADDRESS

2. INSURANCE POLICY NUMBER(S) *(This change will apply to all policies that list you as the payee.)*

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 shown in Item 7, for the purpose of depositing directly into the account shown in Item 10, any and all Government Life Insurance payments that I am entitled to receive from all 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 payee's name. Sending a voided check can help make sure your information is provided clearly to prevent delays in processing.

5. SIGNATURE OF PAYEE OR AUTHORIZED AGENT *(Sign in ink)*

6. DATE SIGNED *(MM/DD/YYYY)*

SECTION II -

IF YOU DO NOT HAVE A CHECKING ACCOUNT, CONTACT YOUR BANK FOR HELP IN COMPLETING ITEMS 7-10.

7. NAME OF BANK/FINANCIAL INSTITUTION

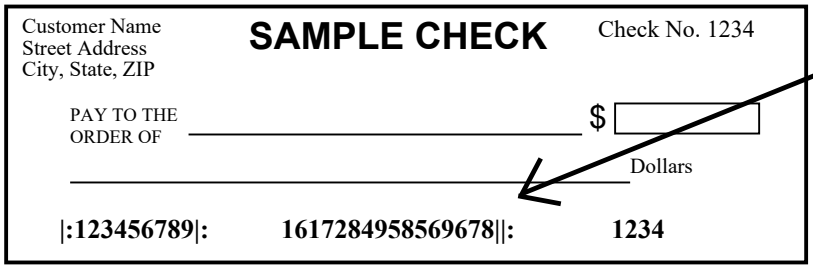
8. NAME(S) ON THE BANK ACOUNT

9. BANK ROUTING NUMBER *(9 DIGITS)*

10. BANK ACCOUNT NUMBER AND TYPE

☐ CHECKING
☐ SAMPLE CHECK

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. DO YOU CURRENTLY PAY YOUR PREMIUMS BY AUTOMATIC DEDUCTION FROM A CHECKING ACCOUNT (PAC)? ☐ YES ☐ NO

11a. **IF YOU ANSWERED YES TO QUESTION 11**, DOES THIS CHANGE ALSO APPLY TO YOUR AUTOMATIC DEDUCTION (PAC)? ☐ YES ☐ NO

11b. **IF YOU ANSWERED NO TO QUESTION 11**, AND YOU WOULD LIKE TO BEGIN PAYING YOUR PREMIUMS BY AUTOMATIC DEDUCTION, PLEASE COMPLETE THE VA FORM 29-0165, PRE-AUTHORIZED COLLECTION (PAC) ENROLLMENT/CHANGE WHICH CAN BE OBTAINED AT https://www.benefits.va.gov/insurance/resources-forms.asp

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 2900-0665, and it expires 07/31/2027. Public reporting burden for this collection of information is estimated to average 20 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. 2900-0665 in any correspondence. Do not send your completed VA Form 29-0309 to this email address.

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