



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

1. NAME AND ADDRESS	2. INSURANCE POLICY NUMBER
	3. SOCIAL SECURITY NUMBER <i>(Must supply)</i>
	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.

5. SIGNATURE	6. DATE SIGNED
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SECTION II -

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

NOTE: PLEASE PROVIDE A COPY OF THE POWER OF ATTORNEY IF YOU HAVE NOT ALREADY DONE SO. SENDING A VOIDED CHECK CAN HELP MAKE SURE YOUR INFORMATION IS PROVIDED CLEARLY, AND COULD PREVENT DELAYS IN PROCESSING.

7. NAME OF BANK/FINANCIAL INSTITUTION	8. TELEPHONE NUMBER OF BANK/FINANCIAL INSTITUTION
9. BANK ROUTING NUMBER <i>(9 DIGITS)</i>	10. BANK ACCOUNT NUMBER AND TYPE
	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

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

SAMPLE CHECK Check No. 1234

Customer Name _____
 Street Address _____
 City, State, ZIP _____

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

<p>UPLOAD:</p> <p>The fastest and more secure way for insureds and beneficiaries to send the application to VA Insurance is to the document upload service at https://insurance.va.gov/home/IDU</p>	<p>OR MAIL THE COMPLETED FORM TO:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> For an Insured: VAROIC-DD P.O. BOX 42954 PHILADELPHIA, PA 19101 </td> <td style="width: 50%;"> For a Beneficiary: VAROIC-DD P.O. BOX 7208 PHILADELPHIA, PA 19101-7208 </td> </tr> </table>	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
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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, 36VA29, Veterans and Uniformed Services Personnel Programs of 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 Social Security number (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: 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 VACOPaperworkReduAct@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.