	Department of Ve	S	DIRECT DEPOSIT ENROLLMENT/CHANGE						
	IMPORTANT: You can use	this form to enrol	l in Direct Depos	sit or to ma	ke a cha	inge to an	existing dire	ct deposit account.	
Event and the account shown in lem 10, my and all Government Life Insurance playments that I am entitled to receive from all insurance playments that I a	1. NAME AND ADDRESS						. INSURANCE	FILE 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 diversity into the account shown in Item 2. 5. SIGNATURE 6. DATE SIGNED						3	SOCIAL SEC	URITY NUMBER (Must supply)	
deposing directly into the account shown in Item 10, any and all Government Life Insurance polyments that 1 um entitled to receive from all insurance polyments under the insurance file number shown in Item 2. 6. DATE SIGNED 5. SIGNATURE 0. DATE SIGNED 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. SEXDING A VOIDED CHECK CAN HELP MAKE SURE YOUR INFORMATION IS PROVIDED CLEARLY, AND COULD PREVENT DELAYS IN PROCESSING. 7. NAME OF BANKFINANCIAL INSTITUTION 8. TELEPHONE NUMBER OF BANKFINANCIAL INSTITUTION 9. BANK ROUTING NUMBER (# DIGITS) 10. BANK ACCOUNT NUMBER AND TYPE CHECKING OF CHECKING SAMORE SAMPLE CHECK Check No. 1234 The bank account number varies in length and may contain dashes or spaces. The JUND OF WARTER SAMPLE CHECK No. 1234 The bank account number. MUBRO OF STEEL Address: TOTHE STEEL Address: Check Number NUMBER (# DIGITS) Internet Number Check Number Number. Steel Address: Check Number Number Number Number Number Check Number Steel Address: Steel Address: Check Number YES, DOS THIS CHANGE APPLY TO VAMATIC JEDUCTONO OF MONTHLY INSURANCE PREMIUM FROM A CHECKING ACCOUNT? F YeS, DOS THIS CHANGE APPLY TO VAMAT						4	. DAYTIME TE	LEPHONE NUMBER	
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	depositing directly into the acco	ount shown in Item	10, any and all	e direct depo Governmen	osit at the t Life Ins	e financial Isurance pa	institution sho ayments that I	wn in Item 7, for the purpose of am entitled to receive from all	
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YES NO UPLOAD: OR MAIL THE COMPLETED FORM TO: 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 OR MAIL THE COMPLETED FORM TO: For a Beneficiary: VAROIC-DD P.O. BOX 42954 PHILADELPHIA, PA 19101 VAROIC-DD P.O. BOX 7208 PHILADELPHIA, PA 19101 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 deuy 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 nunless a valid OMB control numbers is adisplayed. You are									
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