Department	of Veterans Affairs	DIRECT DI	EPOSIT	ENRC	DLLM	ENT	C/CHANGE	
IMPORTANT: deposit account.	You can use this for	m to enroll in Dire	ct Deposit o	or to make	a change	to an e	existing direct	
	SECTIO	ON I - TO BE CO	MPLETED	BY PAY	EE			
1. NAME AND ADDRESS					2. INSURANCE FILE NUMBER			
					3. SOCIAL SECURITY NUMBER (Must supply)			
				4. DAY (TIME TELE)	EPHONE	NUMBER	
I hereby authorize the De into the account stated in number shown in Item 2.	partment of Veterans Affairs t Item 10, any and all Governm	o start/change direct deposit ent Life Insurance payments	at the financial is that I am entitle	nstitution stated d to receive from	in Item 7, for n all insurance	the purpo e policies	ose of depositing directl under the insurance file	
5. SIGNATURE					6. DATE			
SECTION II - PLEASE ATTACH A VOIDED PERSONAL CHECK. IF YOU DO, SKIP BLOCKS 7 - 10. IF YOU DO NOT HAVE A CHECKING ACCOUNT, CONTACT YOUR BANK FOR HELP IN COMPLETING BLOCKS 7 - 10. NOTE: WHEN A POWER OF ATTORNEY IS APPLYING FOR DIRECT DEPOSIT, A COPY OF A CHECK MUST BE SUBMITTED SHOWING THE INSURED'S NAME ON THE ACCOUNT.								
7. NAME OF BANK/FINANCIAL INSTITUTION 8. PHONE				NE NUMBER	NUMBER OF BANK/FINANCIAL INSTITUTION			
9. BANK ROUTING N	NUMBER (9 DIGITS)	10. BANK ACCOUNT	NUMBER				—	
							CHECKING	
The bank routing number is alway 9 digits and appears between the	Customer Name Street Address City, State, ZIP PAY TO THE ORDER OF			\$ Dol	Check No.	n la la la	The bank account number varies in ength and may contain lashes or spaces. The 1° symbol indicates the nd of the account number.	
symbols.	l.123456789 l. 1617284958569678			1234				
	Bank Routing Number	Bank Accou Number	nt	Check N (not ne				
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								
MAIL THE COMPLETED FORM TO: For an Insured: For a Beneficiary:								
VAROIC-DD P.O. BOX 4295 PHILADELPH		VAROIC-DD P.O. BOX 7208 PHILADELPHIA, PA 19101-7208						
210.4). Title 38, United St information, and complete to respond to a collection www.whitehouse.gov/lib this form.	need this information to ensure tates Code, allows us to ask fo e this form. VA cannot condu of information if this number i rary/omb/OMBINVC.html#VZ	r this information. We estim t or sponsor a collection of s not displayed. Valid OMB A. If desired, you can call 1-	ate that you will information unles control numbers 800-827-1000 to	need an average ss a valid OMB can be located get information	of 20 minutes control number on the OMB I on where to s	s to review er is displa nternet pa end comm	v the instructions, find the ayed. You are not required ge at nents or suggestions about	
Title 5, Code of Federal R Life Insurance Records-V social security number. Th	VA will not disclose informatic legulations 1.526 for routine u A, published in the Federal Re he responses you submit are co	uses identified in the VA sys gister. Giving us your SSN unsidered confidential (38 U	tem of records, 3 account informat .S.C. 5701).	6VA00, Veterar ion is mandator	s and Armed y. Applicants	Forces Pe are require	erivacy Act of 19/4 of risonnel U.S. Government ed to provide their	
IF YOU HAVE AN	NY QUESTIONS ABOU	JT DIRECT DEPOSIT	, PLEASE CA	ALL OUR T	OLL-FREE	NUME	BER 1-800-669-8477.	