

 **Department of Veterans Affairs**  
**DIRECT DEPOSIT ENROLLMENT**

**PRIVACY ACT INFORMATION:** No Direct Deposit of insurance payments can be made unless a completed authorization is received (Public Law 104-134). The information provided, on a voluntary basis, will be used by VA employees and your authorized representatives in the maintenance of Government Insurance Programs. Responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, published in the Federal Register.

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

**SECTION I - TO BE COMPLETED BY PAYEE**

1. NAME AND ADDRESS	2. INSURANCE FILE NUMBER
	3. SOCIAL SECURITY NUMBER (MUST SUPPLY)
	4. DAYTIME TELEPHONE NUMBER (     )

I hereby authorize the Department of Veterans Affairs to start direct deposit at the financial institution stated in Item 7, for the purpose of depositing directly into the account stated in Item 10, any and all Government Life Insurance payments that I am entitled to receive from all insurance policies under the insurance file number shown in Item 2.

5. SIGNATURE	6. DATE
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**SECTION II: PLEASE ATTACH A VOIDED PERSONAL CHECK. IF YOU DO, SKIP BLOCKS 7-12. IF YOU DO NOT HAVE A CHECKING ACCOUNT, CONTACT YOUR BANK FOR HELP IN COMPLETING BLOCKS 7-12.**

7. NAME OF FINANCIAL INSTITUTION	8. ROUTING TRANSIT NUMBER
9. ADDRESS OF FINANCIAL INSTITUTION	10. DEPOSITOR ACCOUNT NUMBER
	12. TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
11. TELEPHONE NUMBER OF FINANCIAL INSTITUTION (     )	

**MAIL THE COMPLETED FORM TO:  
 VAROIC - DD  
 P.O. BOX 7208  
 PHILADELPHIA, PA 19101- 7208**

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