OMB Approved No. 2900-0525 Respondent Burden: 15 minutes Expiration Date: 12/31/2022

								Expira	tion Date: 12/31/2022
Department of Veterans Affairs VA MATIC ENROLLMENT/CHANGE									
IMPORTANT: You can use	e this form to enroll in VA	MATIC or to make a chang	e to an existing	з ассоиг	ıt.				
	SECTI	ION I - TO BE COMPLE	TED BY INS	URED					
1. NAME AND ADDRESS OF INSURED					2. INSURANCE FILE NUMBER				
					3. SOCIAL SECURITY NUMBER				
				4.	DAYTIM	IE TELI	EPHON	IE NUI	MBER
I HEREBY authorize the D purpose of paying Governm deduction if my premiums i deduction shall be made on Insurance policies under the	nent Life Insurance premiur ncrease or decrease. I unde the premium due date. Unl	ms. I further authorize the I erstand that each deduction ess otherwise specified by	Department of will be in the	Veteran amount	s Affai of my r	rs to a nonthl	djust tl y pren	he am	ount of this payment and the
5. SIGNATURE OF INSURED (Sign in ink)					6. DATE SIGNED				
SECTION II - PREMIUM PAYMENT INFORMATION									
7. NAME OF BANK/FINANCIAL INSTITUTION 8. PHONE NUMBER OF BANK/FINANCIAL INSTITUTION									
9. BANK ROUTING NUMBER (9	DIGITS) 10	0. CHECKING ACCOUNT NUM	IBER			-			
3. DANK ROOTING NOMBER ()	, DIGITS)	o. oneoning Account Non	IDEIX						
	7								
The bank routing number is always 9 digits and appears between the ! symbols.	Customer Name Street Address City, State, ZIP PAY TO THE ORDER OF	SAMPLE CHEC	K 1234	\$	k No. 1	/		num and i or sp indic	bank account ber varies in length may contain dashes aces. The symbol rates the end of the unt number.
	Bank Routing Number	1617284958569678 Bank Account Number	Check Nu (Not Nee	mber					
11. DO YOU PARTICIPATE IN I					OSIT?				
NOTE: PLEASE PROVIDE A CO VA MATIC, A COPY OF A CHE					N A PO	WER O	F ATTC	ORNE'	/ IS APPLYING FOR
		AIL THE COMPLETE VAROIC P.O. BOX 429 PHILADELPHIA, P	954 A 19101						
PRIVACY ACT NOTICE: T	ne VA will not disclose inform	nation collected on this form to	any source othe	er than wl	hat has l	neen au	thorize	d unde	er the Privacy Act of

PRIVACY ACT NOTICE: 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 identified in the 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 voluntary. VA uses your Social Security Number (SSN) to identify your insurance file. Providing your SSN will help insure that your records are properly associated with your insurance file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect.

RESPONDENT BURDEN: No insurance deduction may be made unless a completed authorization is received (38 USC 708). We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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