

## REQUEST FOR CHANGE OF ADDRESS/CANCELLATION OF DIRECT DEPOSIT

**NOTE:** To notify the Department of Veterans Affairs of a change in address, cancellation of direct deposit, or both, complete this form and mail it to the VA office having your records. The information is requested under Title 38, United States Code, and will help ensure that VA correspondence and any VA benefit checks to which you may be entitled are sent to your correct address. Disclosure is voluntary. However, if the information is not furnished, your mail may be lost or delayed and benefit payments, if any, may be suspended. Failure to furnish this information will have no other adverse effect on any benefit to which you may be entitled. The information may be disclosed outside VA as permitted by law, or as stated in the "Notices of Systems of VA Records" which have been published in the Federal Register in accordance with the Privacy Act of 1974.

<b>1. I AM REQUESTING</b> <i>(Check appropriate box)</i>  <input type="checkbox"/> A CHANGE OF MY RESIDENCE ADDRESS <input type="checkbox"/> BOTH  <input type="checkbox"/> A CANCELLATION OF MY DIRECT DEPOSIT ACCOUNT		<b>2. I AM RECEIVING BENEFITS AS THE</b> <i>(Check appropriate box)</i>  <input type="checkbox"/> VETERAN <input type="checkbox"/> WIFE/HUSBAND <input type="checkbox"/> SURVIVING SPOUSE  <input type="checkbox"/> FATHER <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER <i>(Specify)</i>  <input type="checkbox"/> MOTHER <input type="checkbox"/> FIDUCIARY	
<b>3. VA FILE NO.</b> <i>(Include letter prefix, if any)</i>		<b>4. VETERAN'S SOCIAL SECURITY NO.</b>	<b>5. PAYEE NO.</b> <i>(Type or print)</i>
<b>6. BENEFIT TYPE</b> <i>(Check the benefit or benefits affected)</i> <input type="checkbox"/> COMPENSATION OR PENSION <input type="checkbox"/> CHAPTER 32 (VEAP) <input type="checkbox"/> EDUCATION <input type="checkbox"/> CHAPTER 35 (DEA) <input type="checkbox"/> CHAPTER 30 <input type="checkbox"/> CHAPTER 1606 (Montgomery G.I. Bill-Active)    (Montgomery G.I. Bill-Reserve) <input type="checkbox"/> CHAPTER 31 <input type="checkbox"/> OTHER <i>(Specify)</i> (Voc. Rehab.)		<b>7. INSURANCE NO(S)</b> <i>(Only give these numbers if you are receiving payments on the insurance policy of a deceased veteran)</i>	
<b>9. NAME OF PAYEE AS SHOWN ON CHECK</b> <i>(Type or print)</i>		<b>8. TYPE OF ADDRESS CHANGE</b> <i>(Complete if applicable)</i>  <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY	
<b>10. FIRST NAME-MIDDLE INITIAL-LAST NAME OF VETERAN</b>			
<b>11. NEW ADDRESS <i>(Complete only if applicable)</i></b>			
NUMBER AND STREET OR RURAL ROUTE <i>(Include Apartment Number if appropriate)</i>		TELEPHONE NUMBER <i>(Include Area Code)</i>	
		DAYTIME	EVENING
CITY	STATE	ZIP CODE	
<b>12. TO BE COMPLETED BY DIRECT DEPOSIT PARTICIPANTS ONLY</b>			
If your benefit payment is currently being sent to a financial organization, but you want it cancelled and sent to your home address, check this box. <input type="checkbox"/> Your payments will continue to be sent to the financial organization until the cancellation is processed. <b>DO NOT close your bank account until your first payment is received at your home address.</b>			
<b>13. SIGNATURE OF VETERAN OR PAYEE</b> <i>(Do not print)</i>		<b>14. DATE</b>	