



**SECTION 8 Housing Assistance Program  
 LANDLORD DIRECT DEPOSIT AUTHORIZATION FORM**

1. Verify your direct deposit with your bank no later than the 5th day of each month.
2. Checking Account – **Attach an original voided check, a bank statement (with full account number), or DDA with bank certification and voided check (original or copy) is mandatory.**
3. Savings Account – **Attach a bank statement (with full account number) or DDA with bank certification is mandatory.**
4. For Power of Attorney:
  - a) Bank account must include the Landlord as an account holder.
  - b) Landlord's name & SSN must match at both the bank and in the GHURA contract.
5. No. 3 above does not apply to LICENSED Property Management companies / individuals.

**I/We hereby authorize Guam Housing & Urban Renewal Authority, hereinafter called AGENCY to initiate direct deposits to the designated account at the financial institution named below, hereinafter called DEPOSITORY.**

**I understand that I must submit a new Authorization form if I change my bank account, or if this bank account is closed.**

**Landlord Information**

Landlord per GHURA Contract: \_\_\_\_\_ Landlord SSN/EIN: \_\_\_\_\_

Landlord's Signature / Date: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

**Agent Information**

Indicator your agent relationship:  Power of Attorney  Property Mgmt. Agent  Assignment of Rent

\_\_\_\_\_  
 PRINT Agent's Name PRINT Company's Name

Agent's Signature / Date: \_\_\_\_\_ Phone Number (s): \_\_\_\_\_

**Tenant Information**

1. \_\_\_\_\_ Contract Effective Date: \_\_\_\_\_  
 PRINT Tenant's Name

2. \_\_\_\_\_ Contract Effective Date: \_\_\_\_\_  
 PRINT Tenant's Name

**Financial Institution Information**

Bank Name: \_\_\_\_\_ Branch Location (City/State): \_\_\_\_\_

Bank ACH Routing#: \_\_\_\_\_ Bank Account No.: \_\_\_\_\_  
 (Please print clearly)

Account Type: (Please check mark one)  Checking OR  Savings

**BANK CERTIFICATION**

I certify the above banking information is true and correct.

**Bank Stamp:**

Bank Name: \_\_\_\_\_

Bank Representative Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR GHURA MIS USE ONLY**

Received Date: \_\_\_\_\_ Initial: \_\_\_\_\_ Entered

Date: \_\_\_\_\_ Initial: \_\_\_\_\_ No Change

Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Rejected Date: \_\_\_\_\_ Initial: \_\_\_\_\_ Reason: \_\_\_\_\_