GHURA
Guam Housing and Urban Renewal Authority
Aturidat Ginima' Yan Rinueban Siudat Guahan
117 Bien Venida Avenue * Sinajana, GU 96910
Tel: (671) 477-9851* Fax: (671) 477-7570

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 – **Attached a <u>voided check</u>, a <u>bank statement</u> *(with full account number)*, or <u>DDA with bank certification and voided check</u> is mandatory.**
3. Savings Account – **Attach a <u>bank statement</u> *(with full account number)* or <u>DDA with bank certification</u> 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.

<u>Landlord Information</u>

Landlord per GHURA Contract: _____ Landlord SSN/EIN: _____

Landlord's Signature / Date: _____ Phone Number(s): _____

<u>Agent Information</u>
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):_____

<u>Tenant Information</u>

1. _____ Contract Effective Date: _____
   PRINT Tenant's Name
2. _____ Contract Effective Date: _____
   PRINT Tenant's Name

<u>Financial Institution Information</u>

Bank Name: _____ **Branch Location** (City/State): _____

Bank ACH Routing#.: _____ **Bank Account No**.: _____
                                                                (Please print clearly)
Account Type: *(Please check mark one)* [ ] Checking **OR** [ ] Savings

<u>BANK CERTIFICATION</u>
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:** _____

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