



**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. **A bank statement (with full account number), voided check OR DDA with bank certification is mandatory.**
3. 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.
4. 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 Name: _____
 Bank Representative Name: _____
 Signature: _____ Date: _____

Bank Stamp:

FOR GHURA MIS USE ONLY

Received Date: _____ Initial: _____
 Entered Date: _____ Initial: _____
 No Change Date: _____ Initial: _____
 Rejected Date: _____ Initial: _____ Reason: _____