



CHANGE IN LANDLORD INFORMATION

LAST NAME _____		FIRST NAME _____	
BUSINESS NAME _____			
CONTACT NAME _____			
PHONE NUMBER _____		FAX NUMBER _____	
FEDERAL ID NUMBER _____		EMAIL _____	
CORRESPONDENCE ADDRESS:		CHECK AND 1099 ADDRESS (IF DIFFERENT):	
ADDRESS _____		ADDRESS _____	
CITY _____	ST _____	ZIP _____	
CITY _____	ST _____	ZIP _____	

COMPLETE THE FOLLOWING INFORMATION. BANGORHOUSING WILL DEPOSIT THE HOUSING ASSISTANCE PAYMENT CHECK **DIRECTLY** TO YOUR BANK ACCOUNT.

BANK INFORMATION			
Bank Name _____		Contact Person _____	
Address _____		City _____	ST _____ Zip _____
Phone _____		Route Number _____	
Fax/Modem _____		Account Number _____	
		CIRCLE ONE CHECKING SAVINGS	

AUTHORIZATION FOR DIRECT DEPOSIT

I authorize BangorHousing to automatically deposit/charge any funds owed to me to my account at the Depository Financial Institution named above and to make adjustment entries, if necessary. I understand that this agreement may be terminated by me or by BangorHousing at any time by written notification. Any such notification requires a reasonable time to act upon it.

I have read and understood both parts of this form:

SIGNATURE

DATE

PLEASE PRINT NAME: _____