NORTH POINT CONDOMINIUM ASSOCIATION

Certification of Sale Application

Include with this form:

• The completed automatic direct debit authorization form (attached) required by the Association to deduct maintenance fees. (Forms also available on the website)

Address of	Condominium:		
	Buyer's Name:		
	Current Address:		
	Phone:	E-mail:	
	Selling Real Estate agency or ag	gent:	
	Phone:	E-mail:	
	Buying Real Estate agency or a	gent:	
	Phone:	E-mail:	
	Expected Closing Date:		
			Please return to:
Must be enclosed:			Ken Clifton NPCA President
Completed debit-authorization form			3922 North Point Dr. New Castle, PA 16105 724-498-6268
TOTAL CONTRACTOR	1	1 4	kenclifton@hotmail.com
inis entire c	locument is also available for down	loaa on www.north	pointiiving.com

NORTH POINT CONDOMINIUM ASSOCIATION

DIRECT DEBIT (ACH DEBIT) AUTHORIZATION FORM

Customer Name Listed:	Customer Address:	
depository financial institution named below, debit entries, and if necessary, process any ad	nium Association, hereinafter called COMPANY and the hereinafter called DEPOSITORY, to initiate electronic ljustments needed to correct entries made in error, to my the origination of ACH transactions to my (our) account	
(Financial Institution Name)		
(Routing Number*)	(Account Number)	
Please check acct. type:		
Checking Account	Savings Account	
	ect until COMPANY has received written notification from as to afford COMPANY and DEPOSITORY a reasonable	
(Print Individual Name)	(Signature)	
	(Date)	
	(Dute)	

* The "Routing Number" can be found along the bottom of your check, to the left of the account number.

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM AND RETURN TO THE PRESIDENT A.S.A.P.

Thank You.

Ken Clifton President North Point Condominium Association 3922 North Point Drive New Castle, PA 16105 724-498-6268 kenclifton@hotmail.com