

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 agent: _____

Phone: _____ E-mail: _____

Buying Real Estate agency or agent: _____

Phone: _____ E-mail: _____

Expected Closing Date: _____

Please return to:

Ken Clifton

3922 North Point Dr.

New Castle, PA 16105

724-498-6268

kenclifton@hotmail.com

NORTH POINT CONDOMINIUM ASSOCIATION

DIRECT DEBIT (ACH DEBIT) AUTHORIZATION FORM

Customer
Name Listed: _____

Customer
Address: _____

I (we) hereby authorize North Point Condominium Association, hereinafter called COMPANY and the depository financial institution named below, hereinafter called DEPOSITORY, to initiate electronic debit entries, and if necessary, process any adjustments needed to correct entries made in error, to my account listed below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Routing Number)

(Account Number)

Please check acct. type:

_____ Checking Account

_____ Savings Account

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

(Print Name)

(Signature)

(Date)

***PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM AND
RETURN TO:***

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