

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 Individual/Business Name)

(Signature)

(Date)

* 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

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New Castle, PA 16105

724-498-6268

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