

# 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: \_\_\_\_\_

*Must be enclosed:*

- ♦ Completed debit-authorization form

*Please return to:*

Ken Clifton  
NPCA President  
3922 North Point Dr.  
New Castle, PA 16105  
kenclifton@hotmail.com

This entire document is also available for download on [www.northpointliving.com](http://www.northpointliving.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 Individual 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  
3922 North Point Drive  
New Castle, PA 16105  
724-301-0587  
kenclifton@hotmail.com**