

Signature PROPERTY GROUP

Property: Canal Pointe Condominium Association
Princeton, N.J. 08540

Tele. # (609) 452-1585

Homeowners Authorization Form for Electronic Payment

Name _____	If you rent or don't occupy your unit:
Name _____	Street _____
Unit Address _____	City _____
_____	State _____ ZIP _____

Bank Name _____	Bank Phone No. _____
Bank Address _____	Bank City _____
	State and Zip _____

Account Number _____	Routing/Transit # _____
Month to Begin Deductions _____	

**PLEASE ATTACH A BLANK CHECK WITH THE WORD "VOID"
WRITTEN ACROSS IT.**

I authorize Canal Pointe Condominium Association and its Agents, including Financial Institutions, to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit entries made in error to my checking and/or savings accounts listed above. This authority is to remain in force and effect until Signature Property Group ("Signature") has received written notification from me of its termination in such time and in such manner as to afford Signature and the Depository a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries processed by Signature or the Depository prior to its receipt.

_____ Print Name	_____ 2 nd Name if Joint Account
_____ Signature	_____ Signature (if required)
Dated: _____	

