

Bedford Place Wilson Homeowners Association

106 Regency Blvd.

Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

www.russellpm.com

HOA Information Sheet

A. Dues: \$45/quarter

Dues Cover: General Liability & Directors and Officers Insurance
Entrance Sign Maintenance
Signage Lighting (currently solar)
Mail house Maintenance (Mail house located by Lot 73)
Greenspace Landscaping (Lot 73)
Management Fees

Your Community Manager is: Freedom Edmundson

All concerns and maintenance requests should be emailed to freedom@russellpm.com or you may call 252.329.7368.

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Homeowners Association Information Sheet

Property Address: _____

Homeowners Name: _____

Spouse or Co-Owner's Name: _____

Owner's Mailing Address: _____

Telephone: _____ (Home)

_____ (Work)

_____ (Cell)

Email Address: _____

It is very important that we receive this information from you for your benefit. This is general information needed by your homeowner's association and will be filed in your personal file in the **HOA Office** at Russell Property Management.

PLEASE MAIL OR FAX TO US ASAP!

THANK YOU FOR YOUR TIME AND COOPERATION!

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I, _____, hereby authorize Russell Property Management to
draft my HOA dues for the street address _____

ATTACH VOIDED COPY OF CHECK HERE

Russell Property Management, Inc.

106 Regency Blvd
Greenville, NC 27834
Phone: 252.329.7368 Fax: 252.355.9641

Credit/Debit Card Draft Authorization

I, _____, hereby authorize Russell Property Management to
draft my HOA dues for the street address

Home Address City State Zip

Draft Payable to (HOA name)

Day of Month for Draft Amount to be Drafted

Draft Frequency (circle one) _____ Monthly _____ Quarterly _____ Annual Contact Phone Number _____

Please note:

- * If HOA dues are increased, your draft will automatically be increased
- ** HOA dues will be drafted approximately 5 days before your associations late day.
- *** The HOA will draft the account balance.
- **** Drafts will NOT draft for special assessments (if applicable).
- ***** There is a 3.0% fee per draft for this service.

Account Holder Name: _____

Card Billing Address City State Zip

Account #: _____

Expiration Date: _____ Security Code: _____

Signature Date