

Brookridge Homeowners Association, Inc

106 Regency Blvd.

Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

www.russellpm.com

HOA Information Sheet

A. Dues: \$126 monthly

Dues Due: 1st day of the month

Late if not received by the last day of the month.

Dues Cover: Landscaping- Detailed explanation on last page.

Utilities and maintenance

General Liability Insurance

Directors & Officers Insurance

Management fees

Your Community Manager is Amber Whittington.

All concerns and maintenance requests should be emailed to
amber@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!

Russell Property Management, Inc.

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Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

Bank Draft Authorization

I, _____, hereby authorize Russell

Property Management to draft my HOA dues for the street address

Home Address	City	State	Zip
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(Mailing Address for unit (If different than address above)	City	State	Zip
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Draft Payable to (HOA name)			
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Day of Month for Draft	Amount to be Drafted
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Draft Frequency (circle one) Monthly Quarterly Annual

Contact Phone Number _____
Contact email _____

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.
- **** Bank Drafts will NOT draft for special assessments (if applicable).
- ***** There is a \$1 fee per draft for this service.

Bank Name: _____

Account Holder Name: _____

Routing #: _____

Account #: _____

Account Type: _____ Checking _____ Savings

Signature

Date

**ATTACH VOIDED COPY OF CHECK
HERE**

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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
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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
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Account #: _____

Expiration Date: _____ Security Code: _____

Signature	Date
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