

Carter Ridge of Pitt County Homeowners Association, Inc.

Breakdown of Dues Paid

The information provided below is not meant to cover all aspects of the *Carter Ridge of Pitt County Homeowners Association, Inc.* Covenants but the Board has provided below a summary of what benefits *Carter Ridge of Pitt County Homeowners Association, Inc.* homeowners receive from paying HOA dues. *Carter Ridge of Pitt County Homeowners Association, Inc.* Board of Directors encourages you to read the covenants thoroughly and become active in the association by participating in annual meetings and serving on boards. If you have any further questions about the covenants, consult your attorney, the property Management Company or WP Board members. It is the responsibility of the *Carter Ridge of Pitt County Homeowners Association, Inc.* Board of Directors to establish a budget to cover the expenses of the association and prioritize/approve how dues spent on the behalf of the HOA and its members.

HOA Information Sheet

A. Dues: \$160/Quarter

Dues Cover:	General Liability Insurance
	Directors and Officers
	Professional Property Management

HOA manager is Brittney Bruin
All concerns and maintenance requests should be emailed to
brittney@russellpm.com
or you may call 252.329.7368 ext. 222

Russell Property Management

106 Regency Blvd

Greenville, NC 27834

Phone: 252.329-7368/ Fax: 252.355.9641

www.russellpm.com

Carter Ridge of Pitt County Homeowners Association, Inc.

Homeowners Association Information Sheet

Property Address: _____

Homeowner's 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 and your email will be used to invite you to the FrontSteps portal. You can email this form back to your manager rather than returning it via postal mail.

PLEASE EMAIL, MAIL, OR FAX TO US ASAP!
THANK YOU FOR YOUR TIME AND COOPERATION!

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 _____

Email Address _____

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

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Greenville, NC 27834

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Bank Draft Authorization

I, _____, hereby authorize Russell Property

Management to draft my HOA dues for the street address

Home Address City State Zip

(Mailing Address for unit (If different than address above) 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 _____

Email Address _____

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