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
Capital Contributions: $640

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

Russell Property Management, Inc.
106 Regency Blvd
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

_____
(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