

Corey Ridge Homeowner's Association, Inc.

106 Regency Blvd.

Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

www.russellpm.com

HOA Information Sheet

- A. Dues:** \$174.00 per year
- Dues Due:** First Day of Calendar Year
Late on the 1st day of February
- Late Fee:** 18% per annum
- Dues Cover:** General Liability Insurance
Signage Lighting
Management Fees

All concerns and maintenance requests should be emailed to freedom@russellpm.com or contact Freedom Edmundson at 252.329.7368.

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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: _____

Email Address: _____

It is very important that we receive this information for your benefit. This is general information needed by your homeowner's association that 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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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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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