

***Eagle Farm Owners Association, Inc.***

106 Regency Blvd.

Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

[www.russellpm.com](http://www.russellpm.com)

**HOA Information Sheet**

A. Dues: \$155.00 per quarter

Late Fee: \$20 per month

Dues Cover: Common Area Landscaping and Maintenance  
Directors & Officers Insurance  
General Liability Insurance  
Clubhouse Maintenance  
Management Fees

Your Community Manager is Freedom Edmundson.

All concerns and maintenance requests should be emailed to [freedom@russellpm.com](mailto: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

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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 \_\_\_\_\_

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