Manning Farm Community Association, Inc. 106 Regency Blvd.

Greenville, NC 27834 Phone: 252.329.7368 Fax: 252.355.9641 www.russellpm.com

A. **Dues Assessment:** \$150/quarter

Due Dates: January, April, July, October

Dues Cover:

Association Management Streetlights Common Area Landscaping/Maintenance General Liability Insurance

B. **HOA Manager:** Tonya Rosado

tonyar@russellpm.com 252-329-7368 ext 208

Russell Property Management

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Manning Farm HOA

Homeowners Association Information Sheet

Property Address:	
Homeowner's Name:	
Spouse or Co-Owner's Nan	ne:
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.

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Phone: 252.329.7368 Fax: 252.355.9641

Bank Draft Authorization

I,		, hereby	_, hereby authorize Russell Property		
Management to draft my	HOA dues for the stre	et address			
Home Address		City	State	Zip	
(Mailing Address for uni	t (If different than add	ress above)	City State	Zip	
	Draft Payable to	(HOA name))		
Day of Month for Day	raft		Amount to be Di	rafted	
Draft Frequency (circle o	one)Monthly_	Quarter	rlyAnnu	ıal	
Contact Phone Number _					
** HOA dues will *** The HOA will *** Bank Drafts w	are increased, your draftl be drafted approximal draft the account balarill NOT draft for specifies per draft for this ser	ntely 5 days be nce. al assessment	fore your associ		
Bank Name:					
Account Holder Name:					
Routing #:					
Account #:	Q1 11	~			
Account Type:	Checking	S	avıngs		
S	Signature		D	ate	

ATTACH VOIDED COPY OF CHECK HERE

Russell Property Management, Inc.

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Phone: 252.329.7368 Fax: 252.355.9641

Credit/Debit Card Draft Authorization

I,		, hereby authorize Russell Property				
Management to draft my HOA de	ues for the street	address				
Home Address	(City	State	Zip		
D	raft Payable to (HOA name)				
Day of Month for Draft		Amount to be Drafted				
Draft Frequency (circle one)	Monthly	Quarterly	Anı	nual Contact Phone		
Number						
Please note:						
* If HOA dues are incre. ** HOA dues will be draft *** The HOA will draft th **** Drafts will NOT draft **** There is a 3.0% fee pe	fted approximate e account balanc for special assess	ly 5 days before e. sments (if appli	your associ			
Account Holder Name:						
Card Billing Address	(City	State	Zip		
Account#:						
Expiration Date:	Securi	ty Code:				
	Signatu	 re Date				