Meadow Woods Homeowner's Association of Greenville, Inc.

106 Regency Blvd. Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

www.russellpm.com

HOA Information Sheet

A. Dues: \$136.00 per year

Dues Due: First Day of Calendar Year

Dues Cover: Common Area Landscaping

Management Fees

Playground

Stormwater Detention Pond (Mandatory Section of Neighborhood)

HOA manager is Amber Whittington.

All concerns and maintenance requests should be emailed to amber@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 homeowners 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!

Russell Property Management, Inc.

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Bank Draft Authorization

I,	, hereby authorize Russell		
Property Management to draft	my HOA dues for the street a	address	
Home Address	City	State	Zip
Day of Month for Draft Day of Month for Draft Amount to be Drafted The Hoad dues are increased, your draft will automatically be increased ** If Hoad dues will be drafted approximately 5 days before your associations late day. *** The Hoad 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.			
	Draft Payable to (HOA name	e)	
Day of Month for Draft		Amount to be Drafe	ted
Draft Frequency (circle one)	MonthlyQuart	erlyAnnual	
Contact Phone Number			
Please note:			
* If HOA dues are inc	creased, your draft will autom	atically be increased	
		efore your	
	-		
		eta (if amplicable)	
		us (ii applicable).	
There is a \$1 fee per	draft for this service.		
Bank Name:			
Routing #:			
Account #:			
Account Type:	Checking	Savings	
Signature		Date	

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 add	ress		
Home Address	City	State	Zip	
Dr	aft Payable to (HOA name)			
Day of Month for Draft	A	Amount to be Drafted		
Draft Frequency (circle one)	MonthlyQuarterly	Anı	nual	
Contact Phone Number				
Please note:				
associations late day. *** The HOA will draft the	or special assessments (if app			
Account Holder Name:				
Card Billing Address	City	State	Zip	
Account #:				
Expiration Date:	Security Code:			
Signature		Date		