Planter's Walk Homeowners' Association, Inc.

106 Regency Blvd. Greenville, NC 27834 Phone: 252.329.7368 Fax: 252.355.9641

www.russellpm.com

HOA Information Sheet

A. Dues: \$132.25 Anually

Dues Due: October 1st

Dues Cover: Landscaping of Entrance & Berm

General Liability and Directors and Officers Insurance

Entrance Lighting

Professional Management

Your Community Manager April Berges
All concerns and maintenance requests should be emailed to april@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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Bank Draft Authorization

I,			, hereby	author	ize Russell	Property
Manager	nent to draft my HO	A dues for the stre	et address			
	Home Address		City		State	Zip
(Mailing	Address for unit (If	different than add	ress above)	City	State	Zip
		Draft Payable to	o (HOA name	e)		
— Day	of Month for Draft			Amou	nt to be Dra	afted
Draft Fre	equency (circle one)	Monthly_	Quart	erly	Annua	al
Contact 1	Phone Number					
Please no	ote:					
* ** *** ***	HOA dues will be late day. The HOA will dra		ntely 5 days b nce. ial assessmer	pefore y	our associa	
Bank Na	ame:					
	Holder Name:					
Routing	#:					
Account	#:			~ .		
Account	Type:	Checking		Saving	S	
	Signature				Date	

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Credit/Debit Card Draft Authorization

Ι,		, hereby authorize Russell Property					
Management to draft my HOA dues for	or the street	address					
Home Address	(City	State	Zip			
Draft P	Payable to (I	HOA name)					
Day of Month for Draft Amount to be Drafted							
Draft Frequency (circle one)M	onthly	Quarterly	Anr	nual Contact			
Phone Number							
Please note:							
 * If HOA dues are increased, ** HOA dues will be drafted and late day. *** The HOA will draft the account of the second of the se	pproximatel ount balance pecial assess	y 5 days before e. sments (if appli	e your associ				
Account Holder Name:							
Card Billing Address	C	ity	State	Zip			
Account #:							
Expiration Date:	_ Securi	ty Code:					
Signature			Date				