

South Ridge Homeowners Association of Winterville, Inc.

106 Regency Blvd.

Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

www.russellpm.com

Breakdown of Dues Paid

The Board of Directors has provided the below a summary of what benefits South Ridge homeowners receive from paying HOA dues assessments. The South Ridge Board of Directors encourages you to read the Covenants and Bylaws thoroughly. If you have any questions about the legal documents consult your attorney, the property management company, or Board members. It is the responsibility of the South Ridge Board of Directors to establish a budget to cover the expenses of the Association and prioritize/approve how funds are spent on the behalf of the HOA and its members.

Dues: \$133.00 per year (eft 1.1.25)

Due Date: 1st Day of the fiscal year (January 1)

Late: February 14th

Late Fee: 18% per annum

Dues Pay For:

Annual meeting expenses

Association management by professional company

Lawn maintenance services for subdivision entrances only

Entrance sign lighting and maintenance

General Liability / Directors & Officers Insurance

General mailing charges including copies

HOA Manager: Tonya Rosado

tonyar@russellpm.com

252-329-7368 ext 208

South Ridge Homeowners Association of Winterville, Inc.

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

Homeowner Information Sheet

Property Address: _____

Homeowner's Name: _____

Spouse or Co-Owner's Name: _____

Owner's Mailing Address: _____

*if different from property 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.

106 Regency Blvd

Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

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

Russell Property Management, Inc.

106 Regency Blvd

Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

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