

Stanfield Community Association, Inc

106 Regency Blvd.

Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

www.russellpm.com

HOA Information Sheet

- A. Dues: \$160.00 per quarter
\$400 Capital Contribution

Dues Cover: Common Area Maintenance
Management Fees
General Liability and Directors & Officers Insurance
Entrance Sign Maintenance

Your Community Manager is Brittney Bruin.

All concerns and maintenance requests should be emailed to
brittney@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 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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Draft Authorization

I, _____, hereby authorize Russell Property

Management to charge my monthly dues/rent to the following account:

(Address for unit)

(Mailing address, if different from Unit)

Draft Payable to (HOA name)

Date of First Draft

Amount to be drafted each month

Please note:

* If HOA dues are increased, your draft will automatically be increased

** HOA dues will be drafted approximately 5 Days before the associations late day.

*** There is a \$1 fee per draft for this service.

Signature _____ Date _____

Bank Name: _____

Routing #: _____

Account #: _____

PLEASE ATTACH A VOIDED CHECK

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Credit/Debit Card Draft Authorization

I, _____, hereby authorize Russell Property

Management to draft my HOA dues for the following account:

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

Credit/Debit Card #: _____

Expiration Date: _____ Security Code: _____

Signature Date