

Russell Property Management

106 Regency Blvd

Greenville, NC 27834

Phone: 252.329-7368/ Fax: 252.355.9641

www.russellpm.com

Valley Landing Homeowners Association, Inc.

Homeowners Association Information Sheet

Property Address: _____

Homeowner's Name: _____

Spouse or Co-Owner's Name: _____

Owner's Mailing Address: _____

Telephone: _____ (Home)

_____ (Work)

_____ (Cell)

Email Address: _____

It is very important that we get this information for your benefit. This is general information needed by your homeowners association and will be filed in your personal file in the homeowners association department of Russell Property Management.

PLEASE MAIL OR FAX TO US ASAP!

THANK YOU FOR YOUR TIME.

Hoa Dues: \$325 yearly

HOA manager is April Berges

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Hoa Dues: \$325 yearly

HOA manager is April Berges

All concerns should be emailed to april@russellpm.com or you may call 252.329.7368

Ext:22

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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 _____

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 _____

Signature Date

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 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 _____

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