Westhaven South Homeowner's Association, Inc.

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

www.russellpm.com

HOA Information Sheet

A. Dues: \$115.00 per year, effective 1.1.2025

Dues Due: First Day of Calendar Year

Late on the 1st day of February

Dues Cover: Common Area Maintenance

Signage Landscaping Management Fees

HOA manager is Amber Whittington.

All concerns and maintenance requests should be emailed to amber@russellpm.com or you may call 252.329.7368.

Westhaven South Phase I Homeowners Association, Inc.

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Homeowners Association Information Sheet

Property Address:	
Homeowners Name:	
Spouse or Co-Owner's Nam	ne:
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.

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 str	eet address			
Home Address		City	State	Zip	
(Mailing Address for uni	t (If different than add	dress above) (City State	Zip	
	Draft Payable	to (HOA name)			
Day of Month for Day	raft	A	Amount to be Drafted		
Draft Frequency (circle o	ne)Monthly	Quarterly	yAnnua	al	
Contact Phone Number _					
** HOA dues will *** The HOA will	re increased, your dra l be drafted approxin draft the account bal ill NOT draft for spec ee per draft for this se	nately 5 days befo ance. cial assessments	ore your associa		
Bank Name: Account Holder Name: Routing #:					
Account #:					
Account Type:	Checking_	Sav	vings		
S	ignature		Da	ute	

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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 Pag	yable to (HOA name))			
Day of Month for Draft		Amount to be Drafted			
Draft Frequency (circle one)Mor	nthlyQuarter	·lyAnn	nual Contact Phone		
Number					
Please note:					
* If HOA dues are increased, you hold the HOA dues will be drafted app the HOA will draft the account here. The HOA will NOT draft for special terms at 3.0% fee per draft for the hoad of the hoad of the hold here.	proximately 5 days be nt balance. cial assessments (if a for this service.	efore your associ	ations late day.		
Account Holder Name:					
Card Billing Address	City	State	Zip		
Account #:					
Expiration Date:	Security Code:				
Signature		Date			