### Willow Run of Pitt Homeowners' Association, Inc.

www.russellpm.com

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

#### **HOA Information Sheet**

A. Dues: \$50/monthly

Dues Due: First of each month

Dues Cover: Entrance Landscaping and Maintenance

Gazebo Maintenance & Improvements Nature Trail Maintenance & Improvements Playground Maintenance & Improvements

**Entrance Lighting** 

Irrigation

General Liability & Directors and Officers Insurance

Professional Association Management

Your Community Manager April Berges

All concerns and maintenance requests should be emailed to <a href="mailto:april@russellpm.com">april@russellpm.com</a> 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 authorize Russell Property					
Manager	nent to draft my HOA	A dues for the street	address					
	Home Address		City		State	Zip		
(Mailing	Address for unit (If c	lifferent than addre	ss above)	City	State	Zip		
		Draft Payable to	(HOA name	e)				
Day	of Month for Draft			Amou	nt to be Dra	afted		
Draft Fre	equency (circle one)_	Monthly	Quarte	erly	Annua	ıl		
Contact l	Phone Number							
Please no	ote:							
* **  ***  ***	If HOA dues are inches HOA dues will be of late day. The HOA will draft Bank Drafts will No * There is a \$1 fee pe	drafted approximate t the account balance OT draft for specia	ely 5 days b ce. I assessmen	efore y	our associa			
Bank Na	ame:							
Account	Holder Name:							
Routing	#:							
Account	#:							
Account	Type:	Checking		Saving	S			
	Signature				Date			

## Russell Property Management, Inc.

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# Credit/Debit Card Draft Authorization

I,	, hereby at	, hereby authorize Russell Property					
Management to draft my HOA dues	s for the street address						
Home Address	City	State	Zip				
Drat	ft Payable to (HOA name)						
Day of Month for Draft	of Month for Draft Amount to be Drafted						
Draft Frequency (circle one)	Quarterly	/Anr	nual Contact				
Phone Number							
Please note:							
** HOA dues will be drafted late day.  *** The HOA will draft the a	r special assessments (if app	ore your associ					
Account Holder Name:							
Card Billing Address	City	State	Zip				
Account #:							
Expiration Date:	Security Code:						
Signature		Date					