The Arbors Subdivision Phase 1B Homeowners Association of Ayden, Inc.

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

www.russellpm.com

HOA Information Sheet

A. Dues: \$125 per year

The HOA dues assessment is typically assessed on the first day of the calendar year. The current dues assessment is \$125 a year per lot.

Assessment Date: January 1

Dues Cover: Entrance and Common Area Landscaping

Management Fees

HOA 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)	
Primary Email Address:		_
Secondary 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 mo	onth					
	ed, your draft will automatically be increased d approximately 5 Days before the associations aft 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 stre	eet address				
Home Address		City	State	Zip		
D	raft Payable to	(HOA name)				
Day of Month for Draft	<u> </u>	Amount to be Drafted				
Draft Frequency (circle one)	Monthly	Quarterly	_ Annual			
Contact Phone Number						
Please note:						
* If HOA dues are increased, you ** HOA dues will be drafted ap late day. *** The HOA will draft the accounts are the boundary of the bound	proximately 5 ount balance. special assessm	days before your ass	sociations			
Account Holder Name:						
Card Billing Address		City	State	Zip		
Credit/Debit Card #:						
Expiration Date:	Security Cod	de:				
Signature	Signature					