## Bellingham Homeowners Association Inc

#### **Breakdown of Dues Paid**

The Board of Directors has provided below a summary of what benefits Bellingham homeowners receive from paying HOA dues assessments. The Bellingham Board of Directors encourages you to read the Covenants and Bylaws thoroughly. If you have any questions about the legal documents consult your attorney, the property management company, or Board members. It is the responsibility of the Bellingham Board of Directors to establish a budget to cover the expenses of the Association and prioritize/approve how funds are spent on the behalf of the HOA and its members.

**Dues Assessment:** \$125 per year

**Due Date:** January 1<sup>st</sup>

Late: after 30 days

Late Fee: 18% per annum

**Dues Pay For:** General Liability & Directors and Officers Insurance

Professional Management

**HOA Manager:** Amanda Blomefield

amanda@russellpm.com

252-329-7368

## Bellingham Homeowners Association Inc

106 Regency Blvd Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

www.russellpm.com

### **Homeowners Association Information Sheet**

Property Address:	
Homeowner's Name:	
Spouse or Co-Owner's Nan	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 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!

## **Draft Authorization**

I,	, hereby authorize Russell Property		
Management to draft my HOA dues for	the street address		
(Home Address)			
Dı	raft Payable to (He	OA name)	
Date of Month for Draft		Amount to be Drafted	
Date Frequency (circle one) Monthly	Quarterly	Annual	
Contact Phone Number			
Please note:			
* If HOA dues are increased, your draft ** HOA dues will be drafted approximal late day.  *** The HOA will draft the account bal **** Bank Drafts will NOT draft for sp  **** There is a \$1 fee per draft for this	ance.  ecial assessments	re the associations	
Bank Name:			
Account Holder Name:			
Routing #:			
Account #:			
Account Type: Checking	Savings		
Signatura		Doto	

# ATTACH VOIDED COPY OF CHECK HERE

## **Credit/Debit Card Draft Authorization**

I,	, hereby authorize Russell Property			
Management to draft my HOA dues for the street address				
(Home Address)				
Dı	raft Payable to (H	OA name)		
Date of Month for Draft		Amoun	t to be Drafted	
Date Frequency (circle one) Monthly	Quarterly	Annua	1	
Contact Phone Number				
Please note:				
* If HOA dues are increased, your draft ** HOA dues will be drafted approxima late day.  *** The HOA will draft the account bal **** Bank Drafts will NOT draft for sp  **** There is a \$1 fee per draft for this	ately 5 Days before ance. ecial assessments	re the asso	ciations	
Account Holder Name:				
Card Billing Address	City	State	Zip	
Account #:				
Expiration Date:	Secu	rity Code:		
Signature	_	Date		