

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 1st

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

I, _____, hereby authorize Russell Property

Management to draft my HOA dues for the street address

(Home Address)

Draft Payable to (HOA 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 will automatically be increased
- ** HOA dues will be drafted approximately 5 Days before the 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: _____

Routing #: _____

Account #: _____

Account Type: Checking Savings

Signature

Date

ATTACH VOIDED COPY OF CHECK HERE

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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)

Draft Payable to (HOA 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 will automatically be increased
- ** HOA dues will be drafted approximately 5 Days before the 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.

Account Holder Name: _____

Card Billing Address

City

State

Zip

Account #: _____

Expiration Date: _____

Security Code: _____

Signature

Date