Chicod Landing Homeowners Association, Inc

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

www.russellpm.com

HOA Information Sheet

A. Dues: \$212/quarter

Dues Cover: General Liability & Directors and Officers Insurance

Common Area Maintenance & Landscaping Entrance Landscaping and Maintenance

Annual Septic System Inspection Maintenance of Private Streets

Management Fees

HOA Manager: Amber Whittington All concerns should be emailed to amber@russellpm.com or 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 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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Phone: 252.329.7368 Fax: 252.355.9641

Bank Draft Authorization

I,	, hereby authorize Russell				
Property Management	to draft my HOA dues	for the street	address		
Home Address	ss	City	State	Zip	
(Mailing Address for un	nit (If different than add	dress above)	City State	Zip	
	Draft Payable	to (HOA nam	ne)		
Day of Month for I	Draft	Amount to be Drafted			
Draft Frequency (circle	one)Monthly	Quar	terlyAnn	ual	
Contact Phone Number					
** HOA dues w associations *** The HOA wi **** Bank Drafts	are increased, your draill be drafted approximate day. Il draft the account balwill NOT draft for specifies per draft for this so	nately 5 days ance.	before your		
Bank Name:	ree per draft for this s				
Account Holder Name					
Routing #:Account #:					
Account Type:	Checking		Savings		
Signatu	re		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	City	State	Zip			
Draft	Payable to (HOA name	e)				
Day of Month for Draft		Amount to be I	Orafted			
Draft Frequency (circle one)N	MonthlyQuarte	erlyAr	nual			
Contact Phone Number						
Please note:						
* If HOA dues are increased ** HOA dues will be drafted a associations late day. *** The HOA will draft the acc **** Drafts will NOT draft for s **** There is a 3.0% fee per draft	approximately 5 days becount balance. Expecial assessments (if	pefore your	ased			
Account Holder Name:						
Card Billing Address	City	State	Zip			
Account #:						
Expiration Date:	Security Code: _					
Signature		Date				