Wildflower Ridge Homeowner's Association, Inc

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

www.russellpm.com

HOA Information Sheet

A. Dues: \$375.00 per year, effective April 2024

Dues Due: First Day of Calendar Year

Dues Cover: General Liability Insurance

Maintenance and Inspection of Subdivision Streets

Mowing of Septic Lot Utilities (Street Lights)

Your Community 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	e:
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. 106 Regency Blvd

Greenville, NC 27834 Phone: 252.329.7368 Fax: 252.355.9641

Draft Authorization

Ι,	, hereby authorize Russell Property			
Management to charge my monthly dues/rent to the following account:				
(A.11 C ::)				
(Address for unit)	(Mailing address, if different from unit)			
Draft Payable to (HOA name)				
Date of First Draft				
Amount to be drafted each month				
Please note:				
	r draft will automatically be increased eximately 5 days before your associations late day. this service.			
Signature	Date			
Bank Name:				
Routing #:				
Account #:				
PLEASE ATTACH OR EM	AIL IN A PICTURE OF A VOIDED CHECK			

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Credit/Debit Card Draft Authorization

I,	, hereby authorize Russell Property			
Management to draft my HOA dues for t	he street address			
Home Address	City	State	Zip	
Draft Paya	ble to (HOA name)			
Day of Month for Draft	Amount to be I	Amount to be Drafted		
Draft Frequency (circle one)Mont	hly Quarterly	Annual		
Contact Phone Number				
Please note:				
* If HOA dues are increased, your draft was HOA dues will be drafted approximate late day. *** The HOA will draft the account bala **** Drafts will NOT draft for special as ***** There is a 3.0% fee per draft for the Account Holder Name:	tely 5 days before your a since. ssessments (if applicable his service.	ssociations		
Cond Dilling Address	C:t-	State	7:	
Card Billing Address	City	State	Zip	
Account #:				
Expiration Date: Securi	ty Code:			
Signature		late		