Vancroft 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: \$100.00 annually

Dues Due: January 1st

Dues Cover: General Liability Insurance

Management Fees Entrance Sign Upkeep

HOA manager is Freedom Edmundson.

All concerns and maintenance requests should be emailed to <u>freedom@russellpm.com</u> and you may call 252.329.7368.

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Homeowners Association Information Sheet

Property Address:		
Homeowners Name:		
Spouse or Co-Owner's Nan	me:	
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 homeowners association and will be filed in your personal file in the HOA Office at Russell Property Management.

PLEASE MAIL OR FAX TO US ASAP!
THANK YOU FOR YOUR TIME AND COOPERATION!

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Bank Draft Authorization

draft my HOA dues for the					
Home Address		City	State	Zip	
(Mailing Address for unit (I	f different than addres	ss above)	City State	Zip	
	Draft Payable to (HOA name)			
Day of Month for Draft	Day of Month for Draft		Amount to be Drafted		
Draft Frequency (circle one)Monthly	Quarterl	yAnnu	al	
Contact Phone Number					
Please note:					
** HOA dues will b *** The HOA will dr	increased, your draft e drafted approximate aft the account balanc NOT draft for special per draft for this serv	ely 5 days bef ee. assessments	ore your associ		
Account Holder Name:					
Routing #:					
Account #:Account Type:	Checking	Sa	vings	_	
	Signature			Date	

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Credit/Debit Card Draft Authorization

I,	, hereby a	, hereby authorize Russell Property Management to				
draft my HOA dues for the street addr	ress					
Home Address	City	State	Zip	_		
Draft l	Payable to (HOA name)			_		
Day of Month for Draft		Amount to be Drafted				
Draft Frequency (circle one)N	MonthlyQuarterl	yAnr	nual Contact	Phone Number _		
* If HOA dues are increased, ** HOA dues will be drafted a *** The HOA will draft the acc **** Drafts will NOT draft for s **** There is a 3.0% fee per dra ***********************************	approximately 5 days befount balance. pecial assessments (if apft for this service.	ore your associ	ations late d	ay.		
Card Billing Address	City	State	Zip	_		
Account#:						
Expiration Date:	Security Code:					
Signature		Date				