

Wyngate Subdivision 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: \$200 per year

Dues Due: First Day of Calendar Year

Dues Cover: General Liability & Directors and Officers Insurance
Landscaping of Common Areas
Association Management
Entrance Lighting

Your Community Manager is Brittney Bruin.

All concerns and maintenance requests should be emailed to
brittney@russellpm.com you may 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.

PLEASE MAIL OR FAX TO US ASAP!

THANK YOU FOR YOUR TIME AND COOPERATION!

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Draft Authorization

I _____, hereby authorize Russell Property Management to charge my monthly dues/rent to the following account:

(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:

* If HOA dues are increased, your draft will automatically be increased

** HOA dues will be drafted approximately 5 days before your associations late day.

*** There is a \$1 fee per draft for this service.

Signature

Date

Bank Name: _____

Routing #: _____

Account #: _____

PLEASE ATTACH OR EMAIL 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 the following account:

_____	_____	_____	_____
Home Address	City	State	Zip

Draft Payable to (HOA name)

_____	_____
Day of Month for Draft	Amount to be Drafted

Draft 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 your associations
late day.

*** The HOA will draft the account balance.

**** Drafts will NOT draft for special assessments (if applicable).

***** There is a 3.0% fee per draft for this service.

Account Holder Name: _____

_____	_____	_____	_____
Card Billing Address	City	State	Zip

Credit/Debit Card #: _____

Expiration Date: _____ Security Code: _____

_____	_____
Signature	Date