

HOA FEE WITHDRAWAL REQUEST FORM

I. Account Owner Information

<i>Social Security Number or Taxpayer Identification Number</i>		<i>Date of Birth</i>
<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
<i>Street Address</i>		<i>Unit Number for rent withdrawal</i>
<i>City</i>	<i>State</i>	<i>ZIP Code</i>
<i>Bank Name</i>	<i>Routing Number</i>	<i>Account Number</i>
<i>Name on the Account (if different from the name above)</i>		

II. Beneficiary Information

<i>Name</i> Stonemark Los Morros Maintenance Association		
<i>Street Address</i> Los Morros Way		
<i>City</i> Oceanside	<i>State</i> CA	<i>ZIP Code</i> 92057

III. Systematic Withdrawal Setup

Check here and fill out the information below if you would like to set up a systematic withdrawal from your account.

Indicate the cycle of your systematic withdrawal: Monthly

Indicate the dollar amount you would like systematically withdrawn: \$ _____ (default is rent amount)

The above amount will be withdrawn from your account the **first** day of each month.

Note: If this Account is closed, the systematic withdrawal will be turned off automatically.

IV. Bank Account Owner Information

Account Authorization

Your bank account will be debited within one to five business days from the date selected on this form.

If I change banks, I agree to notify Stonemark promptly in writing. I agree to give Stonemark adequate notice (normally 15 days) to terminate this service. I understand that if a transaction cannot be made because the account has been closed, this service will be canceled by Stonemark. I understand that any of the features and privileges described herein may be modified, suspended or canceled by Stonemark at any time without notice. I further agree that neither Stonemark nor any other associated entity will be liable for any loss, liability, cost, or expenses for acting upon my written instructions, except to the extent permitted by applicable law.

Jim A Sample
123 Name Street
Anywhere, USA 12345

1-23/456 1234

Pay to the order of _____ \$ 20 _____ Dollars

Noname Bank USA

For _____ VOID _____

1:23456789:0123456789012

Attach preprinted voided check/deposit slip here. Please do not staple.

V. Authorized Signature

I certify that the instructions and information provided herein are true and correct.

Account Owner

Date

Daytime Phone Number

VI. Checklist for Completing a Withdrawal Request

1. Complete and sign Withdrawal Request Form (**Note:** One payee per withdrawal request).
2. Attach voided check.
3. Give the completed form to your on-site manager or mail to the following address:
Stonemark Los Morros Maintenance Association
5505 Cancha de Golf
Rancho Santa Fe, CA 92091

Questions? Please call our toll-free number 866-283-7413 or our main line 858-755-0216.