

720 East Florence Avenue • Inglewood, CA 90301 Phone: (310) 412-6500 • Fax (310) 671-9440 www.inglewoodparkcemetery.com

Date	
	Contract #
Address	
Home Phon	eCell Phone
	"Check Free" Status Change Form
To Inglewoo	od Park Cemetery:
I/we hereby	request
	To change bank accounts from which my "Check Free" Automatic Debit Payment is withdrawn. My new Bank Routing Number and Account Number are entered below.
	To be removed from the "Check Free" Automatic Debit Payment Program. I/we will make monthly payments by some other means (cash, check, money order, credit card).
	To be enrolled in the "Check Free" Automatic Debit Payment Program. I/we understand that monthly payments will be automatically debited from my bank account number below:
Name(s) on	Bank Account_
Name of Ba	nkAuto-Debit Start/End Date
	Savings Account (please attach voided check)
Bank Routir	ng Number
Account Nu	mber
account. Pag payments w said Automa	the above listed information is correct. I authorize my bank to make monthly payments from the above rements will be taken on the day of each month. This authorization for Automatic Debit ill remain in effect until the amount of the contract is paid in full (or until I make a written request to end atic Debit payments). If for any reason this Automatic Debit payment procedure is terminated prior to my period, I agree that interest at the applicable rate will be required on the unpaid balance.
Signature of	Bank Account holder Signature of Bank Account holder
Signature of	Cemetery Contract holder (if different) Signature of Cemetery Contract holder (if different)
	out this form on your computer, but you must print it out and sign and initial it in ink where indicated. to the address above, or fax to: Account Services at (310) 677-2574.

This form must be received by Inglewood Park Cemetery at least two (2) business days prior to the Automatic Debit Payment date.