



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

Date _____ Contract # _____
Name(s) _____
Address _____
Home Phone _____ Cell Phone _____

Payment Due Date Change Form

To Inglewood Park Cemetery:

Currently, my monthly payment is due on the _____ day of the month.

I/we hereby request that you change my monthly payment due date to the _____ day of the month, beginning with the next payment cycle. I agree to make regular payments on or before this date each month.

I/we hereby request that you change the date of my "Check Free" electronic (ACH) payment to the _____ day of the month. I understand that Inglewood Park Cemetery will begin automatically debiting my previously designated bank account, on the requested date, beginning with the next payment cycle.

I/we understand that I/we may make a Payment Date Change request *only once per calendar year*.

Signature Signature

You may fill out this form on your computer, but you must print it and sign it in ink. All contract signers must sign this request form. Mail or fax the form to the IPC Supervising Cashier at the address above, or at Fax # (310) 671-0757.

For Office Use Only

Customer request received on _____ by _____

Monthly payment changed from _____ to _____

Approved by: _____ Account Services
CCMS entry by: _____ Contract Accounting / Cashier

Final Review by: _____, Account Services Manager