



**Inglewood Park**  
 CEMETERY • CREMATION  
 MEMORIAL SERVICES

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

Date \_\_\_\_\_

Name \_\_\_\_\_ Contract# \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Request to Suspend, Discontinue or Resume Check Free Automatic Debit Payment

To Inglewood Park Cemetery:

I hereby request that my "Check Free" Automatic Debit (ACH) Payment be suspended for the month of \_\_\_\_\_ 20\_\_\_\_\_. I understand that my ACH payments will resume in      30 days \*      60 days \*

I hereby request that you discontinue my "Check Free" Automatic Debit (ACH) Payments until further notice. \*

Please resume my "Check Free" electronic debit payments on \_\_\_\_\_ 20\_\_\_\_\_.

\* I understand that am still required to make my payment by some other means (cash, check, money order, credit card) by my due date in order avoid late charges. In accordance with the terms of my contract, by discontinuing my ACH payments, I understand that my remaining balance will begin accruing interest.  
 \_\_\_\_\_ (Initials)

\_\_\_\_\_  
 Signature

You may fill out this form on your computer, but you must print it out and sign and initial it in ink where indicated. Please mail to the address above, or **fax to the Cashier's Office at (310) 671-0757.**

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