



**INGLEWOOD PARK  
CEMETERY**

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