



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.**