



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



Name \_\_\_\_\_ Date \_\_\_\_\_

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

Address \_\_\_\_\_

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

## Account Status Enrollment/Change Form

To Inglewood Park Cemetery/Park Lawn Cemetery: I/we hereby request

To be **removed** from the ACH Payment Program. I/we will make monthly payments by some other means (cash, check, money order, credit card).

To **resume** my ACH electronic debit payment on \_\_\_\_\_

That my monthly ACH Payment **amount be increased** to \$ \_\_\_\_\_

That you **change the date** of my payment **from** \_\_\_\_\_ day of the month, **to the** \_\_\_\_\_ day of the month.

I am currently making payments by means of cash, check, money order, credit card

I am currently enrolled in the ACH Payment Program

To **change/update bank account** information from which my ACH (Automatic Debit Payment) is withdrawn. My new Bank Routing & Account are entered below:

To be **enrolled** in the ACH 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 Bank \_\_\_\_\_ Auto-Debit Start/End Date \_\_\_\_\_

Savings Account

Checking Account (please attach voided check)

Bank Routing Number

Account Number

1. I affirm that the above listed information is correct \_\_\_\_\_ (initials)

*If enrolled in ACH Program:*

- I understand and authorize my bank to make monthly payments from the above account. Payments will be taken on the \_\_\_\_\_ day of each month. This authorization for ACH will remain in effect until the amount of the contract is paid in full, or until I make a written request to end my enrollment in the ACH Payment program \_\_\_\_\_ (initials)
- I further understand that I may request a change to my account, only 2 times per calendar year \_\_\_\_\_ (initials)
- Lastly, I understand that if for any reason this ACH payment procedure is terminated, prior to my interest-free period, I agree that interest at the applicable rate will be required on the unpaid balance \_\_\_\_\_ (initials)**

\_\_\_\_\_  
Signature of Bank Account holder

\_\_\_\_\_  
Signature of Bank Account holder

\_\_\_\_\_  
Signature of Cemetery Contract holder (if different)

\_\_\_\_\_  
Signature of Cemetery Contract holder (if different)

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 Cashier Office at (310) 671-0757

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