



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To **change/update bank account** information from which my ACH (Automatic Debit Payment) is withdrawn.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:*
2. 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)
3. I further understand that I may request a change to my account, only 2 times per calendar year _____ (initials)

4. **Lastly, I understand and agree that if for any reason this ACH payment procedure is terminated, the following will apply: 6% interest will be required on my unpaid balance _____ (initial) .**

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 Business Services Office at (310) 671-9440

This form must be received by Inglewood Park Cemetery at least five (5) business days prior to your payment date.