



6555 East Gage Avenue • Commerce, CA 90040
Phone: (562) 806-0660 • Fax (562) 927-6269
www.parklawncemetery.net

Date _____

Name _____ Contract # _____

Address _____

Home Phone _____ Cell Phone _____

“Check Free” Status Change Form

To Park Lawn Cemetery:

I/we hereby request

To change bank accounts from which my “Check Free” Automatic Debit Payment is withdrawn. My new Bank Routing Number and Account Number are entered below.

To be removed from the “Check Free” Automatic Debit Payment Program. I/we will make monthly payments by some other means (cash, check, money order, credit card).

To be enrolled in the “Check Free” Automatic Debit 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

I affirm that the above listed information is correct. I authorize my bank to make monthly payments from the above account. Payments will be taken on the _____ day of each month. This authorization for Automatic Debit payments will remain in effect until the amount of the contract is paid in full (or until I make a written request to end said Automatic Debit payments). If for any reason this Automatic Debit 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.

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: Account Services at (310) 677-2574.

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