

- Stokes, Prock & Mundt Funeral Chapel •
- Cremation Society of Wisconsin •

Payment Policy

Thank you for allowing us to serve your family in your time of need. Our payment policy allows for the following options (please select one):

- _____ **Prepaid Insurance/Funeral Trust:** If funds have been placed in a pre-need insurance policy or bank trust and this information is either on file with us or can be verified through another funeral home or bank, we will deduct from the amount due any items that have been prepaid. The remaining balance is due at the time of arrangement.
- _____ **Insurance Policy Assignment:** If a verifiable life insurance policy exists, we offer the option to assign the policy to the funeral home. The beneficiary will need to sign paperwork giving permission for the funds to be paid directly to us. Any amount beyond the coverage of the insurance policy is due at the time of arrangement.
- _____ **Medical Assistance:** If coverage has been verified through the Wisconsin Funeral and Cemetery Aids Program, the next-of-kin will need to sign paperwork allowing the funeral home to apply for these funds. Any non-covered expenses are due at the time of arrangement.
- _____ **PayPal/Bill Me Later:** We accept PayPal payments. Additionally, through this program, you may be eligible for an extended payment plan offered through PayPal's "Bill Me Later" program, which, if approved, can allow you up to six months to pay with no interest (NOTE: Our funeral home is not affiliated with PayPal and is not responsible for changes in payment terms through PayPal or Bill Me Later. All information should be verified by the customer.)
- _____ **Cash, Check, Credit Card, or Money Order:** We accept these forms of payment at the time of arrangement for any items that are not covered by one of the above mentioned options. Please make checks payable to "Stokes, Prock & Mundt Funeral Chapel" or "Cremation Society of Wisconsin".

ESTATE PAYMENT POLICY: It is NOT the policy of the funeral home to accept payment for funeral expenses from the settlement of an estate.

By signing below, you acknowledge that you have read and agree to the payment option that you have selected above.

Name of Deceased: _____ Date of Death: _____

Signature of Responsible Party

Date

Printed Name