

Automatic Payment Enrollment Form

Yoga Health Center, 636 El Camino Real, San Carlos, CA 94070 (650) 631-YOGA (9642)

www.yogahealthcenter.com

PLEASE PRINT:

YOUR NAME: _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ CELL (____) _____ HOME (____) _____

Terms of Auto Monthly: (Please indicate agreement by initializing each line)

_____ I understand that I will be charged **\$79 or \$89** per month, (12 or 6 months), plus \$39 payment upon activation

_____ I agree to the one time **\$39 one time** set-up fee

_____ I understand this is a _____ **12** month _____ **6** month minimum membership contract.

_____ I authorize a \$20 payment for any insufficient check/credit card fees.

_____ I understand that this agreement will continue month to month after the 6 or 12 months or until canceled by mail to the Yoga Health Center or email to regina@yogahealthcenter.com

Terms of Auto Monthly Termination:

_____ I understand that a 30 day written or email notice is required in order to terminate my auto monthly enrollment beginning in month **6** or month **12**. (Circle one)

_____ If you cancel before the expiration of your agreement there is a 3 month cancellation fee for the 12 month agreement and 2 month cancellation fee for the 6 month program. Your cancellation must be communicated by mail to the Yoga Health Center or email to regina@yogahealthcenter.com. There is no cancellation fee after the original 6 or 12 month agreement.

_____ I understand that my last payment will be charged on my regular payment date within 30 days of receipt of mailed notice to Yoga Health Center or emailed to regina@yogahealthcenter.com.

I understand and agree to all terms above **Date:** _____

Print Name: _____ **Signature** _____

Authorized Signature

CREDIT CARD INFORMATION (VISA, M/C Only)

Name on Credit card

Credit Card # VISA / MC (Circle one)

Exp. Date: _____ **Code/Vin#:** _____ (last 3 digits on back of card)

Start date _____ **1st** or _____ **15th**

Approved: _____ **Date:** _____