

Name

Phone (M) Date / /

Email

Debit Amount _____ Minimum Contract Terms 4 Months Auto Debit Cycle Day _____
 For OFFICE ONLY _____

Membership Options: • \$109/month • Full time student (under 22) -\$92/month

■ Credit / Debit Card Information

Full Name on Card

Billing Address for Card

Apt City State Zip

■ Card Type MC Visa Debit (please check one)

Card Number

Expiration Date / CVV Code (3 or 4 digit # on back of card)

■ Authorization – I agree and understand the following:

- The first payment will be charged the day I sign this agreement.
- After the 1st payment, I authorize YogaSport (YS) to charge my credit or debit card the Debit Amount on the Auto Debit Cycle Day each month.
- YS will stop charging my account 30 days after a cancellation is requested, in writing, by me.
- I will not dispute YS's recurring billing with my credit card company or bank as long as the amount corresponds to terms indicated in this contract.
- It is my responsibility to inform YS of a lost, stolen or canceled debit/credit card and to provide YS with new account information before YS attempts to process payment on a canceled card. Any fees assessed due to unauthorized processing of the applicable account will be my responsibility.
- I understand that there are no refunds and that my yoga pass is non-transferable.

Cancellations require a 30 day notice, in writing, regardless of minimum time commitment _____
 Initials

Signature of client _____ Date _____

OFFICE USE ONLY	YS Staff Name _____	<input type="checkbox"/> Address Verified
	<input type="checkbox"/> Auto Pay Renew <input type="checkbox"/> Checked AP Schedule Amount Charged _____	<input type="checkbox"/> Email Confirmed