

Auto-Debit Recurring Billing Authorization Form



Student Name _____

E-mail Address _____

Location _____

Auto-Debit Family \$169
 Package Name Debit Amount

Monthly \$80
 Frequency Start-up Fee

N/A N/A
 Minimum Contract Term Cancellation Fee

Start Date Auto-Debit Cycle Day

Note: Auto-Debit can be initiated with a credit card. Continuing charges are from Checking or Savings.

Bank Account Information

Checking Savings

Credit Card Information

American Express Discover MasterCard Visa

Bank Name _____

Name on Credit Card _____

Bank Routing # _____

Card Number _____

Account # _____

Expiration Date _____

Card ID Number _____

Authorization

I hereby authorize Sunstone Yoga to perform scheduled charges/debits from the indicated credit card/bank account.

*I agree that this is a continuing periodic charge beginning on **Start Date** that will be made at the **Frequency** and for the **Debit Amount** indicated. I understand that to terminate the recurring billing process before the **Minimum Contract Term** I must either cancel this contract by paying the **Cancellation Fee** or arrange for an alternative method of payment.*

I agree to notify Sunstone Yoga in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges/debits pre-authorized by this form.

I understand that cancellations must be made in writing and I will not dispute Sunstone Yoga's recurring billing with my credit card issuer/bank so long as the amount corresponds to terms indicated in this contract.

I guarantee and warrant that I am the legal cardholder/duly authorized check signer on the above account(s), and that I am legally authorized to enter into this recurring billing agreement with Sunstone Yoga.

All changes require 15 days notice prior to Auto-Debit Cycle Day _____

Initials

All changes must be made in writing _____

Initials

Authorized Signature _____

Date _____

09-009 OFFICE USE ONLY

Team Member Name _____

What was the amount of the first payment _____

How was first payment made _____

How will recurring payment be made _____