

# Auto-Debit Recurring Billing Authorization Form



Student Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Location \_\_\_\_\_

Auto-Debit Under 25      \$82  
 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 \_\_\_\_\_

09-010 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 \_\_\_\_\_