



BLISS PASS
Balanced Life Yoga Recurring Billing Authorization Form

Student Name

Address

Contract

Auto-debit \$110+gst=\$115.50 Monthly /12th month free \$25
Package name Debit Amount Frequency One-time admin. fee

N/A None _____ _____
Minimum Contract terms Cancellation Fee Start Date Auto-Debit Billing Date

Credit Card Information

Visa Mastercard

Card number

Expiration Date

Authorization

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

I agree that this is a continuing periodic charge beginning on the Start Date that will be made at the Frequency and Debit Amount indicated. I understand that to terminate the recurring billing process before the Minimum Contract Term I must cancel this contract with a minimum 30-day written notice.

I agree to notify Balanced Life Yoga in writing of any changes in my account information or termination of this authorization at least 30 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 Balanced Life 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 cheque signer on the above account, and that I am legally authorized to enter into this recurring billing agreement with Balanced Life Yoga.

All changes require 30-day notice prior to Auto-Debit Billing Day _____ Initial
All changes must be made in writing _____ Initial

Authorized Signature

Date

Office Use Only

Staff Name: _____ How first payment was made: _____

Amount First Paid _____ How will recurring payment be made: _____