

Month-to-Month Membership Billing Agreement

Start Date: Printed Name:	
Phone: Email: _	
at Whole Yoga & Pilates. (We reserve the right to change	B a month, allowing you unlimited access to all regularly scheduled classes ge the class schedule at any time.) This membership shall commence on the veither party (see "Cancellation of Automatic Recurring Payment," below). The non-refundable.
You may freeze your membership once per 12-month p Freezes are for a minimum of 2 weeks and a maximum	period, with a written request (see separate "Membership Freeze" form). of 2 months.
(please check "save my card" in our secure payment sys	rd or debit card ("Payment Method") you provide to Whole Yoga & Pilates stem). These payments, for which students will receive an electronic nonth in which this agreement started. Months are billed in advance. No arge.
	reason, you will be contacted by phone or email. If you fail to provide a soft the original rejection date, a \$10 late fee will apply. This fee is in the tes for the payment rejection.
	ayment e after the initial 3-month period. A cancellation request must be received at next billing date. Otherwise, your cancellation will be effective at the end
Changing Automatic Recurring Paymer If you would like to change your Payment Method, you Method online at www.WholeYoga.net or by calling W	must authorize the recurring payment by submitting your new Payment
Membership Billing Agreement and that you agree to be charge \$108 once every month to the Payment Method Method provided, and you authorize the financial institu	, you acknowledge that you have read and understand this Month-to-Month e bound by its terms. In addition, you authorize Whole Yoga & Pilates to you have provided. You certify that you are the legal holder of the Payment ution for said Payment Method to charge your account and remit payment ty will remain in effect until you give notification, as required under this
Signature	Date