auto pay

Auto-pay signup/renewal form

start stretching your body, mind, and dollar

Hot Yoga Detroit 122 MainCentre Northville, MI 48167
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www.hotyogadetroit.com

What do I need to do to sign up?

Just fill out the sign-up/renewal form, drop it at our front desk, and start your new Unlimited Membership. Upon receipt of the signup/renewal form, your membership will start, and your account will be debited within 2 days. Monthly payments will continue on either the 15th or 30th of each month until you cancel. *We consider Youth 22 years and under and Senior 60 years and over.*

Hot Yoga Detroit Auto-Pay plan enrollment/renewal form. Authorization agreement for pre-authorized monthly payments.

NAME_____ d.o.b.___/___/_____

ADDRESS _____ CITY _____ ZIP_____

EMAIL_____ Phone_____

I am signing up for:
Please check the boxes according to your choices with the help of our staff

☐ 12 months ☐ Adult ☐ Checking Account

☐ 4 months ☐ Youth / Senior ☐ Credit

Total amount

$_____/month

CONTRACT AGREEMENT

Until further notice, I hereby authorize Hot Yoga Detroit, Inc. to process a monthly debit entry to my bank account in the amount of $_____ per month, for a minimum of _____ months, for unlimited yoga.

I understand that this agreement requires a minimum of _____month commitment. After the initial minimum commitment I may terminate this contract by written notification to Hot Yoga Detroit, Inc 15 days or more before my next billing cycle. If notice is given less than 15 days before the next billing cycle the cancellation will not take place until the following month. All class packages are non-refundable, non-transferable, and non-extendable.

Cancellations must be given in writing. If cancellation occurs before the minimum commitment expires there will be a $150 cancellation fee. Any transaction returned for non sufficent funds will be assessed a $15 fee.

Please debit my: ☐ Checking Account ☐ Savings Account ☐ Credit card payments *(fill in below)*

Checking or savings Account

Bank Routing# |__|__|__|__|__|__|__|__|__| Account #|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Rate_____
9 digit number

I received a copy of this contract upon signing. Name_____ DATE __/__/___/ SIGNATURE _____

Credit card payments

Make payments for $____ per month. *Credit card payments (there is an additional $10 service fee)*

Client name_____ Credit card number_____

Billing Zip Code _____ Cv code _____ Expiration date ____/____/_____/ Rate_____