



**Automatic Payment Enrollment Contract**

Yoga Center of Cape Cod  
PO Box 58 ~ 1604 Route 6A  
East Dennis, MA 02641  
508-385-8034

Please PRINT the following Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Options:

**Option A:** Checking Account (a voided check is required)

Bank Name \_\_\_\_\_

Checking Account # \_\_\_\_\_

Routing # \_\_\_\_\_

**Option B:** Credit Card

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Code \_\_\_\_\_

Membership Options

\_\_\_\_ 3 month minimum commitment at \$140 per month, plus \$49 enrollment fee

\_\_\_\_ 1 year minimum commitment at \$99 per month, plus \$49 enrollment fee

I understand that I am purchasing an **unlimited attendance Yoga Membership** to be paid in monthly installments **minimum** commitment and a **30-day written notice to cancel**. I authorize an automatic debit on the account listed above. I understand that there is a **one-time \$49 enrollment fee**. I also understand that this is an **ongoing contract until I cancel in writing 30 days prior to next payment date**. I also understand that a \$25 return item fee will be charged for any returned checks and that fee will be automatically debited from my account. Early termination fee assessed. I understand that I am the only person who can use this membership.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Start date: \_\_\_\_\_

# of pmts \_\_\_\_\_

circle pmt date: 1<sup>st</sup> 5<sup>th</sup> 15<sup>th</sup> 20<sup>th</sup>

1<sup>st</sup> pmt \$ \_\_\_\_\_ Fee \$ \_\_\_\_\_ Monthly pmt \$ \_\_\_\_\_

\_\_\_\_\_