



# BIKRAM YOGA

845 South Garfield Avenue  
Traverse City, Michigan 49686

4547 28th Street SE  
Grand Rapids, Michigan 49512  
**231.392.4798**

## UNLIMITED PAYMENT YOGA \$99 MONTHLY AUTOMATIC PAYMENTS

(6 month minimum commitment required)

- ❖ Practice Unlimited Bikram Yoga
- ❖ Budget Friendly, Save Time, and Money!
- ❖ No Enrollment Fee
- ❖ Great Value, Most Affordable Yoga in TC and GR!

**HOW DO I SIGN UP?** Complete the enrollment form, attach a voided check and drop the information at the front desk. **WE MUST HAVE A VOIDED CHECK and a SIGNED** Enrollment Form to start your new unlimited membership. Funds can also be withdrawn from a savings account, obtain your **ABA** and account number from your financial institution. (**Additional Electronic Check Digit may be required from your bank to activate AutoPay**). Upon receipt of the enrollment form and voided check, your membership will start and \$99 will be debited from your account within 5 days. Monthly payments will continue approximately on the 15th, or 30th of each month. **No Coupons or Discounts may be used with AutoPay at anytime.**

### ENROLLMENT FORM AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

I hereby authorize BYTC LLC/BYGR LLC to initiate debit entries to my bank account. I understand that I am entering an agreement for a minimum period of 6 months. My membership will be **month to month after the initial 6 months**, until I notify BYTC LLC/BYGR LLC by filling out a Cancellation form **30 days prior** to the date in which I elect to cancel. I understand there is a **\$150 fee for cancelling before the initial 6 month period**. Any transaction for returned or non-payment will be assessed a **\$25 returned item fee and FULL remaining balance will be due via credit card on file. Additionally, AutoPay will be cancelled as of the 6th month.**

Please debit my ( ) Checking Account (ATTACH VOIDED CHECK) \* ELECTRONIC CHECK DIGIT MAY BE REQUIRED FROM BANK

Please debit my ( ) Savings Account (ABA AND ACCT. NUMBERS) \* ELECTRONIC CHECK DIGIT MAY BE REQUIRED FROM BANK

ABA #: \_\_\_\_\_ Account #: \_\_\_\_\_

CREDIT CARD#: \_\_\_\_\_ EXP: \_\_\_\_\_ CVS#: \_\_\_\_\_  
(3 digit code on back of card)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/LEGAL GUARDIAN  
SIGNATURE IF UNDER 18: \_\_\_\_\_ DATE: \_\_\_\_\_