



ORIGINAL HOT YOGA

845 South Garfield Avenue
Traverse City, Michigan 49686

231.392.4798

AutoPay \$99 a Month, Unlimited Yoga

(6 month minimum commitment required)

❖ No Enrollment Fee

❖ Month to Month After Initial 6 Month Commitment if You Don't Want to Cancel

❖ A Great Value! Compare to Our
One Month Unlimited for \$150 and our 6 Month Unlimited for \$700.00!

❖ Practice Unlimited Original Hot Yoga

Sign Up is Easy! 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 Funds can also be withdrawn from a savings account, obtain your **ABA** and account number from your financial institution. 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 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 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: _____