

AUTOMATIC PAYMENT ENROLLMENT FORM

Bikram's Yoga College of India 7070 SE 16th Avenue Portland, OR 97202

\$99 Per Month Unlimited Yoga

**Debit/Credit
Circle One**

Please Print the Following Information

Student Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Email _____

Auto Payment Membership Terms Indicate Agreement By Initialing Each Line

- _____ I agree to a one-time \$20 set up fee.
- _____ I understand that I will be charged 1st and last month payment upon activation.
- _____ I understand that I will be charged a \$20 fee for any declined charges.
- _____ I understand that a 30-day written notice is required to terminate my auto monthly enrollment.
- _____ I agree to mail or hand deliver my written cancellation notice to:

**Bikram's Yoga College of India
7070 SE 16th Avenue
Portland, OR 97202
Attn: Auto Monthly Dept.**

<u>Office Use Only</u>	
<i>Set Up Fee</i>	<u>\$20</u>
<i>1st Month</i>	<u>\$99</u>
<i>Last Month</i>	<u>\$99</u>
<i>Total</i>	<u>\$218</u>

I authorize an automatic payment of \$99 on the _____ of each month

Signature _____ Date _____

OFFICE USE ONLY

Card Type: VISA MASTERCARD AMEX Start Date: _____

Name on Card _____

Card Number _____ Exp. Date _____

Billing Address # _____ Zip Code _____ V-Code _____