



**Automatic Monthly Debit Enrollment Form**  
**6135 Lakeside Dr #121, Reno, NV 89511**

Name \_\_\_\_\_ Email Address \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 Billing City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Auto Monthly Debit Enrollment Terms  
 (Please indicate agreement by initializing each line)

**Terms of Auto Monthly Set-up:**

- \_\_\_\_\_ I authorize a monthly automatic debit on the account specified below for (check one)  
       \_\_\_\_\_ \$99 per month- 12 months auto debit period  
       \_\_\_\_\_ \$109 per month- 6 months auto debit period  
 \_\_\_\_\_ I agree to a one time \$29 set-up fee.  
 \_\_\_\_\_ I understand that I will be initially charged \$99 or \$109 plus the setup fee (\$29) upon activation.  
 \_\_\_\_\_ I understand this is a **6 or 12 month enrollment contract.**  
 \_\_\_\_\_ I authorize a \$25 payment for all dishonored checks or credit card charge backs.

**Terms of Auto Monthly Termination:**

- \_\_\_\_\_ I understand a 30 day written notice is required in order to terminate my Auto Monthly Debit Enrollment. Without written notice, the contract will continue uninterrupted.  
 \_\_\_\_\_ I agree to mail my written cancellation to:  
       **Yoga Loka, 6135 Lakeside Dr #221, Reno, NV 89511 or email: [info@yogalokareno.com](mailto:info@yogalokareno.com)**  
 \_\_\_\_\_ I understand my last payment will be charged on my regular payment date within 30 days of receipt of written notice of cancellation.  
 \_\_\_\_\_ I understand if I cancel my enrollment before the end of the 6 or 12 month period I signed up for, I will be charged a \$125 cancellation fee.  
 \_\_\_\_\_ I understand that a \$30 processing fee will be charged if I “interrupt” the contract for an emergency situation (illness, injury, family emergency). Written notice sent to Yoga Loka is required.

I understand and agree to all terms above: \_\_\_\_\_ Date \_\_\_\_\_

Checking Account Information	Credit Card Account Information
Bank Name: _____	CC Type: _____
Routing #: _____	Account #: _____
Account #: _____	Exp Date: _____ CVV2: _____
(Attach Voided Check)	

<b>For Office Use Only</b>	<b>Circle payment date: 1<sup>st</sup> 5<sup>th</sup> 15<sup>th</sup> 20<sup>th</sup></b>
Start Date: ____/____/____ 1st Payment amount:\$____ Set up fee <u>\$29</u> Processing fee: <u>\$1.10</u>	
Monthly payment amount:\$_____ Number of Payments:_____.	