



AUTOPAY CANCELLATION FORM

*Your autopay schedule may be canceled at any time before the first 6 months for a fee of \$75. After the first 6 months, there is no fee for cancellation. To request the cancellation, you must complete this Autopay Cancellation Form and submit it in person to the front desk or via email to info@savannahpoweryoga.com. This form must be submitted at least **14 days in advance** of your next billing cycle (example: if you are scheduled to be charged February 15th and you want to cancel for the month of February, you must submit a cancellation form by February 1st.)*

I _____, request to cancel
(enter your name here)

my autopay contract as of _____.
(enter effective date)

I understand that there is a \$75 fee to request cancellation during the first 6 months of this contract and that this fee will be charged to my credit card at the time of cancellation, if applicable.

Signed _____

Printed Name _____

Today's Date _____

Please email this form to info@savannahpoweryoga.com or print it and drop it off at our front desk.