



## **AUTOPAY FREEZE REQUEST FORM**

*You may freeze your autopay schedule once per year for a fee of \$15. The freeze is activated at the start of the next billing cycle and can only be requested in monthly increments, for up to a total of 6 months. To request the freeze, you must complete this form and submit it in person to the front desk or via email to [info@savannahpoweryoga.com](mailto:info@savannahpoweryoga.com). Following the end of your requested freeze period, your monthly auto-renew will automatically be reactivated.*

I \_\_\_\_\_, request a freeze  
(enter your name here)

of my autopay contract for \_\_\_\_\_ months, starting at  
(max 6 mos)

the beginning of the next billing cycle after today's date.

I understand that there is a \$15 processing fee to request this freeze. I understand that after the requested freeze period my credit card will be charged again on a monthly basis for the duration of my contract.

Signed \_\_\_\_\_

Printed Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Please email this form to [info@savannahpoweryoga.com](mailto:info@savannahpoweryoga.com) or print it and drop it off at our front desk.