

MONTHLY UNLIMITED YOGA CONTRACT - 6 MONTH COMMITMENT



Between _____ (Client) and Savannah Power Yoga, LLC: for monthly unlimited group yoga classes.

Contract Start Date: _____

Contract End Date: _____

Contract Duration and Automatic Renewal: Contract is in force for 6 months from the Contract Start Date, with automatic renewal on the anniversary of the contract start date for subsequent months, unless cancellation is requested in writing **14 days in advance** of the next billing date. After 6 months, your contract will stay in force on a month-to-month basis until you provide notice of cancellation.

Agreement to Pay Recurring Fees: Client agrees to pay monthly recurring fees of \$100, via Client authorized automatic credit card. Alternatively, Client may prepay six months in advance via any credit card, cash or check.

CANCELLATION

Your autopay schedule may be canceled at any time before the first 6 months for a fee of \$75. To request the cancellation, you must complete an Autopay Cancellation Form at the front desk and submit it via email or in person to the front desk 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.)

FREEZING

You may freeze your autopay schedule once per year at any time for a fee of \$15 per month. 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 a Freeze Request Form and submit it via email or in person to the front desk or info@savannahpoweryoga.com. Following the end of your requested freeze period, your monthly auto-renew will automatically be reactivated.

Please read and sign below.

- (a) I agree to purchase unlimited group yoga classes, billed monthly, as an automatic charge to my credit card, or prepaid SPY account each month, for a contract period of 6 months.
- (b) I hereby certify that I am the holder of the credit card.
- (c) I understand that I will be notified if my credit card payment fails to authorize for any reason, and that a \$10 late fee will apply if I do not provide a valid credit card within 10 calendar days of the original rejection date.
- (d) I understand that my membership will be deactivated if my account becomes more than 30 calendar days late.

Signature: _____

Date: _____

Printed Name: _____