



Agreement Form Automatic Recurring Payment

Terms for the Automatic Recurring Payment are as follows:

1. Student is agreeing to pay a rate of **\$50 a month for 12 consecutive months** through the Automatic Recurring Payment program and will receive **13 months of unlimited yoga classes**.
2. The grace period of 1 month at the end of the 12 months of payment, referred to as the “13th month free”, will be at no cost to the student in consideration of any student absences and/or studio closures that may have occurred for any reason. In other words, no “extensions” and “holds” are given due to closures for holidays, absences, natural disasters, nor are they given for the student’s inability to use the time for any reason, including, but not limited to, injury, illness, travel, work, or schedule changes.
3. Any exceptions to this policy is not automatic and is made rarely on a case by case basis and must be authorized by studio owner only.
4. If the student must cancel or if an exception has been authorized and they put a ‘hold’ on their Automatic Recurring Payment at any time before the term of this Agreement has ended, they will forfeit the “13th month free”. Notification to discontinue automatic payment must be made at least 2 weeks prior to billing date. No refunds are given for partial months.
5. Barefoot Movement reserves the right to change class times as we see fit, and will give as much notice as is possible for said changes.
6. Initial payment will be made at time of purchase. Following payments will be made automatically on the same day of the month for a total of 12 payments.
7. Barefoot Movement reserves the right to discontinue any membership at any time at our discretion.
8. Membership is non-transferable.

I, _____ (print *neatly*, please) have read and understood the terms of this agreement, and hereby authorize Barefoot Movement to automatically debit the credit/debit card with the last 4 digits for 12 consecutive months.

Student’s Signature _____ Date _____

Barefoot Movement teacher’s Signature _____ Date _____

Student’s Billing Address: _____

Email (*neatly*, please): _____

Phone: _____