<AGREEMENTDATE> Between: <CLIENTNAME> and Truth In Motion Yoga for Monthly Unlimited Recurring Classes.

Agreement Start Date: <CONTRACTSTARTDATE>

Agreement Duration and Automatic Renewal: Agreement is in force for 1 month from the Agreement Start Date, with automatic renewal for subsequent months, unless cancelled by either <CLIENTNAME> or Truth In Motion Yoga.

In order to Cancel the membership a Notice Of Cancellation MUST be filled in, signed and loaded into Client's profile prior to the next billing cycle. No verbal or any other form of cancellation is accepted. Email at Truthinmotionyoga@gmail.com to receive the notice. The agreement will be Cancelled starting THE NEXT BILLING CYCLE.

**NO EXCEPTIONS to the above\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature)**

Agreement to Pay Recurring Fees: <CLIENTNAME> agrees to pay Truth In Motion Yoga monthly recurring fees as follows:

Monthly Unlimited Recurring Classes for <AUTOPAYAMOUNT> via Client authorized automatic credit card. Recurring Fees are a subject to change. Notice of changes to fees will be posted in the studio no less than one month prior to changes taking place**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature)**

Please read and sign below.

(a) I agree to purchase Monthly Unlimited Recurring Classes for<AUTOPAYAMOUNT>, as an automatic charge to my credit card for a billing cycle of 1 month. In order to Cancel the membership a Notice Of Cancellation MUST be filled in, signed and loaded into Client's profile prior to the next billing cycle. **No verbal or any other form of cancellation is accepted.** Email at Truthinmotionyoga@gmail.com to receive the notice. The agreement will be Cancelled starting THE NEXT BILLING CYCLE.

(b) I hereby certify that I am the holder of the credit card.

(c) I understand that my service will be deactivated if my account becomes more than 7 calendar days late.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

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