BIKRAM yoga college of INDIA MAUI-HI

Auto Pay

Recurring Automatic Payment Contract for

_____

[student name]

Check A, B, C, D, E or F

❑	**A -** 1 Year - Monthly	**$95**	12 Months min.	Min. 2x per week
❑	**B -** 6 Months - Monthly	**$115**	6 Months min.	Min. 2x per week
❑	**C -** Corporate	**$75**	3 Students min. - 12 Months**	Best rate if you practice 5x per month
❑	**D -** Single (1) Class	**$17**	Valid for 1 year	If you practice 4 classes or less per year
❑	**E -** Five (5) Class Pack	**$80**	Valid for 1 year	If you practice 5 to 9 classes or less per year
❑	**F -** Ten (10) Class Pack	**$150**	Valid for 1 year	If you practice once a week

** Only for Pre-Registered Maui Businesses

Please initial to indicate that you understand the terms of this Auto Pay contract:

_____ I understand Bikram Yoga Maui will charge my card each time my Yoga Tuition Option is depleted or Expires. To cancel, I must provide 31 days written notice either by emailing to autopay@bikramhawaii.com, or by mailing or delivering by hand to:

Bikram Yoga Maui-HI - 251 Lalo Street Unit A2 Kahului, HI 96732

_____ I understand that the Monthly Unlimited (Option A, B and C) is for thirty-one consecutive days; and that all Class Packages (Options D, E, and F) must be used within one year of purchase.

_____ I agree to notify Bikram Yoga Maui of or If my account changes before the next charge date.

_____ Fees. I understand that I will be charged $25 for a 30-day pause of my Monthly Unlimited, a change of my Yoga Tuition Option, or for a declined charge. My fee to cancel this AutoPay contract decreases the longer I abide it: $75 within the first 3 months; $50 within 3-6 months; $25 after 6 months.

_____ I understand that Bikram Yoga Maui may change pricing policy at any time.

_____ I indemnify and hold Bikram Yoga Maui harmless against all claims and promise to reimburse for any costs incurred from misrepresentation or misuse of the card provided.

Card Authorization

❑ Visa ❑ MasterCard

_____ Name as it appears on the card

_____ Billing Address + 5 digit Zip Code

I hereby authorize Bikram Yoga Maui to automatically charge my credit card for the Yoga Tuition Option selected above in accordance with the terms initialed above.

_____ Authorized Signature

_____ Date

Front Desk Name: _____ Copy to the Student _____ Amount Paid: $_____