

**AUTHORIZATION AGREEMENT FOR
ELECTRONIC FUNDS TRANSFER!**

Business Name Soul Pilates, LLC!
Business Address 1340 Lincoln Ave. San Jose, CA 95125
Business Phone (408) 289-8300

I hereby authorize MindBody to initiate consecutive payments of \$120 each on behalf of Soul Pilates, LLC, for a minimum of three payments. This authorization is to remain in full force and effect until the agreed amount is paid in full. Thereafter, this authorization will continue until a cancellation notice is submitted in writing and receipt is confirmed by Soul Pilates, LLC!
Cancellation will take effect 30 days after written notice is received by Soul Pilates, LLC.

Program Start Date: ___/___/___ **Billing Start Date:** ___/___/___

CANCELLATION OF YOUR ELECTRONIC TRANSFER OF FUNDS DOES NOT RELEASE YOU FROM YOUR CONTRACTUAL OBLIGATION TO EITHER MINDBODY OR SOUL PLATES, LLC.

Signature: _____ **Date:** ___/___/___

Member Name: _____		Responsible Party: _____	
Address: _____			
City: _____		State: _____	Zip: _____
Home Phone: _____		Bus. Phone: _____	
Signature (as you sign your checks): _____		Date: ___/___/___	
Monthly Payment Options: Please be advised that if your deduction is returned uncollected, your account will be debited during the next procedure for the payment plus a \$7.50 NSF fee (normal NSF procedure).			
<input type="checkbox"/> Credit Card / Check Card (circle one): VISA MC AMEX DISCOVER			
Card No. _____		Exp. Date ___/___	

