

Bikram Yoga Grosse Pointe

Automatic Payment Renewal Form

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Please fill in all information below,
sign, and return to our office for processing.

Name: _____ Email _____ Phone: _____

Address: _____ City: _____ Zip: _____

I Hereby authorize Mella Bella Incorporated d.b.a. Bikram Yoga to make the following change to my original agreement. **My membership will be month-to-month after the first six months until I notify Bikram Yoga by filling out a Cancellation Form 30 days in advance of when I wish to cancel.** I understand there is a \$150 fee for canceling before six months. Any transaction returned for non-payment will be assessed a \$15 returned item fee.

Signature: _____ Date: _____