



center of balance

## Auto Renewal Payment Agreement

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Session Pass to auto renew \_\_\_\_\_ Price \_\_\_\_\_

Session Pass to auto renew \_\_\_\_\_ Price \_\_\_\_\_

Session Pass to auto renew \_\_\_\_\_ Price \_\_\_\_\_

**Please read and sign below.**

- (a) I agree that Center of Balance will auto renew my session pass(es) and charge my credit card for the pass price(es) listed above. I understand this will be automatically charged on the day of the first session of the new pass.
- (b) I hereby certify that I am an authorized user of the credit card.
- (c) I understand Center of Balance will securely store my credit card and personal information.
- (d) I understand that I will be notified if my credit card payment fails to authorize for any reason, and I agree to provide a valid credit card or other form of payment within 5 calendar days of the original rejection date.
- (e) Duration of Automatic Renewal: I agree that auto renewal will be in effect from today's date until I give notification to end auto renewal. I agree that I must notify Center of Balance before the last session of a pass is used up so as to ensure a new pass is not charged.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email (for receipts): \_\_\_\_\_

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Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Sec Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_