

Kundalini Yoga Teacher Training

Automatic Payment Plan Form

Name: _____ Date: _____

Phone number: _____

Circle One: Mastercard Visa

Please fill in credit card information:

Name on Card: _____

Signature: _____

Card Number: _____

Expiration Date: _____ Authorization Code: _____

(3 digits on back of credit card)

Zip Code of Billing Address: _____

Authorization for Automatic Bill Payment

I authorize 3HO of Arizona (Yoga Phoenix) to charge \$600 on or before January 10 and \$559/month on February 10, March 10, April 10, May 10, and June 10, 2009. This charge will be made to the account identified above. I have the right to stop the charge by notifying 3HO of Arizona at least seven (7) business days prior to the first date of the next scheduled charge. My authorization will remain in effect until revoked by me, my financial institution, or 3HO of Arizona (Yoga Phoenix.) I understand that if I revoke the authorization for the credit card payment, I will not be able to attend the training.

I understand that if the card indicated becomes inactive or funds are not available as promised, Yoga Phoenix may charge the payment/s to other credit cards that are on file in my name.

I understand that by signing this agreement, I am giving my promise to make payments as scheduled above. I understand that full payment completion (in addition to other course requirements) is required in order to receive certification for this course. I understand that course fees are fully refundable before the course begins (minus a \$50 processing fee) but after January 10, 2009, course fees are non-refundable.

Please complete this form and mail it to:

Yoga Phoenix

2302 N. 9th Street Phoenix, AZ 85006

602.271.4480

For Office Use Only:

\$600 down and \$559 per/month remaining:

January 10, 2009 _____

February 10, 2009 _____

March 10, 2009 _____

April 10, 2009 _____

May 10, 2009 _____

June 10, 2009 _____