

Advanced 12 Month Program credit card authorization

Schedule your payment to be automatically charged to your Visa, MasterCard, or American Express.

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us.

Please complete the information below:

I, , authorize The Pilates Center to charge my credit card as indicated below for payment of my tuition for the Advanced 12 Month Teacher Training Program:

- One-time payment of **\$8,500.00** for full payment
- One-time payment of **\$2,500.00** and 3 quarterly payments of **\$2000.00** to be charged on the first month of each quarter
- One-time payment of **\$1,300.06** and 11 monthly payments of **\$654.54** to be charged on the first of each month

Billing information

Billing address:	<input type="text" value="Billing address"/>
City, State, ZIP:	<input type="text" value="City, State, ZIP"/>
Phone number:	<input type="text" value="Phone number"/>
Email:	<input type="text" value="Email"/>

Credit card details

Card type:	<input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> Discover <input type="radio"/> American Express
Cardholder name:	<input type="text" value="Full name a"/>
Account number:	<input type="text"/>
Expiration date:	<input type="text" value="MM/YY"/>
CVV (3 digit number on back of card)	<input type="text"/>

I understand that this authorization will remain in effect until I cancel it in writing, or until my tuition has been paid in full. I agree to notify The Pilates Center in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

X _____



Signature Certificate

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Audit

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This audit trail report provides a detailed record of the online activity and events recorded for this contract.

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