

**Cassidy's Massage Clinic**  
**Authorization Agreement For Recurring Electronic ACH DEBIT**

Name:  
Address:

Phone Number:  
Email Address:

**MEMBERSHIP AGREEMENT**

I hereby authorize Cassidy's Massage Clinic, to initiate a debit to Account/Credit Card Account (Circle One) indicated below. If I choose to have my checking account debited and the funds get returned unpaid I understand that a service charge of \$15.00 will be charged to this account.

Card Type:

Account Number:

EXP Date

Monthly Debit Amount: \$19.95 (personal) \$29.95 (couples) \$39.95 (family of 4)

Frequency of Payments: Monthly

Date of first Debit: 1<sup>st</sup> of Next Month

**\*\*Today's Date is**

The authority to debit the account will remain in affect for a MINIMUM of 6 full payments of \$19.95. All change or cancellation requests must be applied for in writing via email or mail. Any membership cancelled within the first 6 months will be charged an early cancellation fee equal to 5 monthly debits. If it is not cancelled before the 25<sup>th</sup> of your last month you will be charged \$19.95 for the following month.

- 1) The membership fees are NOT refundable and NOT transferable.
- 2) All fees are paid in advance and due on the 1<sup>st</sup> of each month.
- 3) All payments/fees will be debited without notice/receipt from Cassidy's Massage Clinic.
- 4) Cassidy's Massage Clinic reserves the right to assign this authorization without notice.
- 5) I further understand that this is a Term Contract that will Automatically convert to an OPEN-END Contract without any notice to you.

I have read, understand and agree to be bound by the information, terms and conditions listed above.

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

I understand that as a Cassidy's Massage Clinic member I will receive massage services at a discounted rate.