

all about you

Health Management Membership Agreement

AUTO-PAY MONTHLY AGREEMENT— DEBIT / VISA / MC / AMEX / DISCOVER (circle one)
WITH 6-MONTH MINIMUM COMMITMENT.

- _____ I understand the monthly fee of **\$80 for Premium Membership or \$105 for Elite Membership (additional \$10 if Infrared Sauna Option is selected)** will be deducted from my account today, and in advance from my Visa/MC/AMEX/Discover for the upcoming month. Your membership fee will be deducted monthly from the date of this agreement (or next banking day if banks are closed on that date) for a **minimum of SIX consecutive months, after which fees will continue to be deducted monthly until I cancel my Auto-Pay Health Management Membership with a 30-day advance written notice.**
- _____ I understand if fees are insufficient they will be re-submitted to my credit card and the billed to my home address along with a \$25 insufficient fund fee. Membership services are not available for use until account is brought current.
- _____ Balances still due 10 days after the due date will be charged a \$4 late fee. Past due accounts are subject to collections.
- _____ **This agreement has a minimum 6-month term. I may terminate this contract during the first 6-months with a 30 day written notice and the payment of a \$75.00 cancellation fee.**
- _____ After the initial six months your continuous Health Management Membership will continue indefinitely until you cancel with a 30-day written notice. **Cancellation notices are to be sent to info@ALLaboutYOUolutions.com.**
- _____ **I understand that I am signing a contract with all about you (AAY LLC) and agree to pay for my continuous Health Management Membership for the specified period of time, this contract is binding and I understand I will receive no refunds and that this is a continuous Health Management Membership with no extensions for non-use.**
- _____ I understand if this account is ever deemed “past due”, and subsequently turned over to a collection service, I agree to pay all collections fees in addition to my obligation to *all about you*.
- _____ I have a read and understand the continuous Health Management Membership program details as defined in the program brochure.
- _____ I understand that my continuous Health Management Membership program is valid for my personal use only other than as defined in the Health Management Membership program brochure.
- _____ I understand that services are by appointment only and that there is no guarantee that my preferred therapist will be available.
- _____ I understand as per our existing policy, a 24-hour notice is required for appointment changes. Failure to provide notice will result in the use of my membership to compensate the therapist for the missed appointment.
- _____ I have received a copy of this agreement for my records.

Billing Address _____

Telephone _____ Email _____

Signature of person responsible for maintaining account: _____

Total Amount Paid Today \$ _____

X _____ **SCANNED COPY ACCEPTED AS IF IT WAS ORIGINAL**

Date: _____ Staff _____

Credit card information is destroyed after initial processing.

Name as it appears on card _____

CVV Code _____

CC # _____

Exp. Date (mmyy) _____