

## Monthly Massage Membership

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

### Here's how recurring payments work:

You authorize regularly scheduled charges to your Visa, MasterCard, American Express, Discover card, or your HSA card. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your credit card statement.

### Please complete the information below:

I \_\_\_\_\_  
(full name) authorize Red Canyon Wellness to charge my Credit card indicated below on the 1st of each month for payment of my Red Canyon Membership.

\$69 - 60 Minute Swedish

\$89 - 90 Minute Swedish

\$79 - 60 Minute Deep Tissue

\$99 - 90 Minute Deep Tissue

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

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

Email \_\_\_\_\_

Phone number \_\_\_\_\_

Account Type: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Amex \_\_\_\_\_ Discover

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_

CVV (3 digit number on the back of Visa/ 4 digit number on the front of Amex) \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

I authorize Red Canyon Wellness to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing and I agree to notify Red Canyon Wellness of any change in my account information or termination of this authorization at least **15 DAYS PRIOR TO THE NEXT BILLING DATE**. I understand that once the billing date has passed, **NO REFUNDS WILL BE ISSUED**. I understand that if I cancel I can convert the remaining massages on my account into giftcards if I please. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form. **Lastly, I understand that failure to inform Red Canyon Wellness about the inability to make an appointment 24 hours prior to said appointment time will be charged \$25 to the card stated above.**