



Auto Renew Cancellation Form

Your Information:

First Name: _____ Last Name: _____

Cell #: _____ Email: _____

Before You Cancel:

Life happens and we hope to keep you coming to Bliss. Feel free to chat with us (in person, over the phone or through email) about other pricing options that may work for you. If you'd like to chat about any concerns or anything else, feel free to reach out to us so we can best serve you.

I would like to cancel as of: _____ (dd month yyyy)*

* Cancellations cannot be backdated.

Reason for Cancellation:

Terms & Conditions:

Clients enrolled in the Auto Renew Pass may cancel according to the policy below:

1. I acknowledge that my pass will be automatically cancelled by Bliss YogaSpa if a pre-authorized payment fails
2. I acknowledge that to cancel my pass I must complete the cancellation form. Cancellation only comes into effect when the studio reviews billing cycle and attendance is verified. Cancellations will occur once the current monthly billing cycle is complete. No partial credits can be applied.
3. I acknowledge that I may cancel my pass any time after four monthly payments have been made. Bliss YogaSpa will continue to charge my credit card monthly unless I request to cancel.
4. I acknowledge that my pass is non-refundable, non-transferrable, and may not be shared.
5. I understand that there is no freeze option for this pass but that I may cancel the pass at the end of the four month term and then renew my commitment at a future date with the same four month minimum requirement

Signature: _____

Date: _____