

Monthly Membership Recurring Payment Authorization Form

You authorize Morgan Ford Massage Therapy, LLC to make regularly scheduled charges to your Credit or Debit card. Your discounted monthly rate will be deducted, either on the 1st or 15th, for any services you wish to receive EACH MONTH. Membership also entitles you to an unlimited number of additional services at the member rates on a "pay as you go" basis, PLUS 10% off all retail products. Services do not expire and roll over to subsequent month(s) if not used. Membership cancellation must be made in writing 7 days prior to cancellation effective date. There are no fees, contract, or minimum term - though Memberships maintained for less than 3 months are not eligible for membership rates again for 1 year. Membership Benefits are non-transferable, and normal appointment cancellation policies apply.

New Membership

Change of Information

Cancellation

Cardholder Name: _____ (Full name as it appears on card)

Account Number: _____ Expiration Date: _____

Billing Cycle 1st / 15th Start Date ____ / ____ / ____ Billing Zip Code: _____

<u>Membership Selected</u>	<u>Amount</u>	<u>Other Service(s) or Additions</u>	<u>Amount</u>
<input type="checkbox"/> 30 Minute Massage	\$35	_____	\$_____
<input type="checkbox"/> 60 Minute Massage	\$59	_____	\$_____
<input type="checkbox"/> 90 Minute Massage	\$79	_____	\$_____
<input type="checkbox"/> Customized Facial	\$59		

Signature _____ Date _____

Internal Use Only:

Location _____ Therapist _____ Receptionist _____