

Yoga of Mindfulness: 290-Hour Yoga Teacher Training

Payment Plan Contract & Credit Card Authorization Form

Yoga University of Florida / Altamonte Springs Yoga

STUDENT INFORMATION

Name: _____
Phone: _____
Email: _____
Address: _____

PAYMENT PLAN AGREEMENT

I, _____ (Student Name), agree to enroll in the **Yoga of Mindfulness: 290-Hour Vinyasa Yoga Teacher Training** and request to participate in the payment plan outlined below.

Payment Plan Details

Early Enrollment (on or before May 1, 2026)

\$2,700 (Cash, Check, Venmo, CashApp, Zelle)

- \$900 due upon application
- \$900 due June 1, 2026
- \$900 due June 15, 2026

\$2,850 (Credit Card)

- \$950 due upon application
- \$950 due June 1, 2026
- \$950 due June 15, 2026

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Late Enrollment (after May 1, 2026)

\$3,000 (Cash, Check, Venmo, CashApp, Zelle)

- \$1,000 due upon application
- \$1,000 due June 1, 2026
- \$1,000 due June 15, 2026

\$3,150 (Credit Card)

- \$1,050 due upon application
- \$1,050 due June 1, 2026
- \$1,050 due June 15, 2026

Number of Payments: 3

Payment Plan Enrollment Deadline: May 15, 2026

First Payment Due: Upon application

Remaining Payments: Automatically charged on June 1 and June 15, 2026

What Tuition Covers

This payment plan covers tuition only.

Not Included

The following are not included in tuition:

- Books
- Props
- Lodging
- Meals

STUDENT AGREEMENTS

By signing this agreement, I acknowledge and agree to the following:

1. Commitment to Full Payment

I am financially responsible for the full tuition amount and agree to complete all scheduled payments regardless of:

- Attendance
- Course completion
- Withdrawal from the program

2. Refund Policy

- Up to **30 days prior** to the training start date: Full refund minus a **\$150 administrative fee**
- Within **30 days of the training start date: No refunds** of any kind

This includes tuition paid in full, partial payments, and missed sessions.

3. Automatic Billing Authorization

I authorize Yoga University of Florida / Altamonte Springs Yoga to charge my credit card for:

- The initial payment upon application and contract submission
- The remaining scheduled payments under this agreement

4. Declined or Failed Payments

If a payment is declined or fails:

- I will be notified promptly
- I agree to provide updated payment information within **5 days**
- A **\$25 late fee** may be applied

Failure to resolve payment issues may result in:

- Suspension from training participation
- Withholding of graduation and certification until full payment is received

5. Certification Requirement

I understand that **all tuition must be paid in full** in order to graduate and receive certification from Yoga University of Florida.

6. Chargeback & Payment Dispute Policy

I agree not to initiate any chargeback or payment dispute with my bank or credit card company for any payments made under this agreement.

I understand that by signing this contract, I am committing to the full tuition amount and the payment terms outlined above.

In the event of a concern regarding billing or services, I agree to first contact Yoga University of Florida / Altamonte Springs Yoga directly to seek resolution.

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If a chargeback or dispute is initiated:

- I remain financially responsible for the full tuition amount
- I agree to pay any outstanding balance immediately upon notice
- I am responsible for any fees incurred by Yoga University of Florida / Altamonte Springs Yoga as a result of the dispute, including administrative fees and chargeback penalties

Yoga University of Florida / Altamonte Springs Yoga reserves the right to:

- Suspend participation in the training program
- Withhold certification
- Pursue collection of unpaid balances through appropriate legal means

CREDIT CARD AUTHORIZATION

Cardholder Name: _____

Billing Address: _____

Card Type:

Visa MasterCard AmEx Discover

Card Number: _____

Expiration Date (MM/YY): _____

CVV: _____ Zip Code: _____

I authorize Yoga University of Florida / Altamonte Springs Yoga to charge the above card according to the selected payment plan and schedule outlined in this agreement.

This authorization will remain in effect until the balance is paid in full.

SIGNATURES

Student Signature: _____

Date: _____

Cardholder Signature (if different): _____

Date: _____

Director of Training Signature: _____

Date: _____