

Yoga of Mindfulness: 670-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: 670-Hour Vinyasa Yoga Teacher Training** and request to participate in the **monthly payment plan** outlined below.

Payment Plan Details

- Total Monthly Payment: **\$400.00**
- Number of Payments: **10**
- Payment Frequency: **Monthly**
- Payment Plan Enrollment Deadline: **February 1, 2026**
- First Payment Due: Upon approval and processing of this contract
- Subsequent Payments: Automatically charged every 30 days thereafter

What Tuition Covers

This payment plan covers tuition only.

Not Included

The following items are **NOT** included in tuition or the payment plan:

- Books
- Props
- Lodging
- Meals

STUDENT AGREEMENTS

By signing this contract, I understand and agree to the following:

1. Commitment to Full Payment

I am financially responsible for completing **all 10 monthly payments** of \$400 regardless of:

- Attendance
- Course completion
- Withdrawal from the program

2. Refund Policy

- **Up to 1 month before training start date:** Full refund **minus a \$150 administrative fee.**
- **Within 1 month of training start date:** **NO REFUNDS** of any kind.
This includes paid tuition, partial payments, or missed sessions.

3. Automatic Billing Authorization

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

- My first payment upon contract submission
- Each remaining monthly payment for the duration of the payment plan

4. Declined Payments

If a payment is declined:

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

Failure to remedy declined payments may result in:

- Temporary suspension of training participation
- Withholding of certification until balance is paid in full

5. Certification Hold

I understand that **ALL tuition payments must be paid in full** before I can graduate or receive a certificate from Yoga University.

CREDIT CARD AUTHORIZATION

Cardholder Name: _____

Billing Address: _____

Card Type:

Visa MasterCard AmEx Discover

Card Number: _____

Expiration Date (MM/YY): _____

CVV: _____

I authorize Yoga University of Florida / Altamonte Springs Yoga to charge the above card for 10 monthly payments of \$400.

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

SIGNATURES

Student Signature: _____

Date: _____

Cardholder Signature (if different): _____

Date: _____

Director of Training Signature: _____

Date: _____