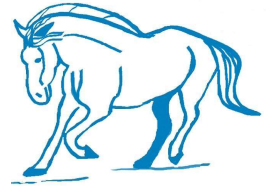


Auto-Pay Enrollment Form

Holistic Horsemanship Institute of America™



Please fill out and return to HHIA.

Student Name(s): _____

Horse Name(s) if applicable: _____

Customer Full Name: _____

Address: _____ **Phone Number:** _____

City: _____ **State:** _____ **Zip Code:** _____

Card Type (circle one): Visa MasterCard Discover American Express

Cardholder Name: _____

Credit Card Number: _____ **CVV Code:** _____

Expiration Date: _____ (mm/yyyy)

Please enroll me in autopay for (circle all that apply):

Lessons

Boarding

Leasing

Hoof Trim Holding Fee

Training/Rehab

Supplements

Other: _____

Autopay is for regular payments only, including vaccines, wormer, and feedings/supplements. All payments are made on the 15th of the month unless the 15th falls on a Saturday or Sunday and then payment will be made on Monday.

I authorize HHIA to charge the account(s) listed above for payment of my monthly lesson/leasing/boarding fees as outlined above. I have the right to stop payment by notifying HHIA five days before my payment date. I understand that both the financial institution and HHIA reserve the right to terminate my participation in the plan. If three payments are returned unpaid in a 12 month period, I will be excluded from the plan. If I choose to withdraw from the plan, HHIA must receive my written notification five business days before my payment date. I will inform HHIA of any changes in my credit card accounts. I acknowledge that the origination of ACH (Automated Clearing House) transactions to my account must comply with the provisions of U.S. law.

I agree to the above terms and conditions.

Signature _____ **Date:** _____