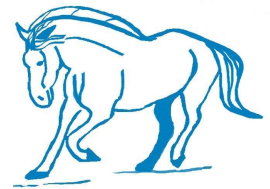


# Auto-Pay Enrollment Form

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):**

<b>Lessons</b>	<b>Boarding</b>	<b>Leasing</b>	<b>Hoof Trim Holding Fee</b>
<b>Training/Rehab</b>	<b>Supplements</b>	<b>Other:</b> _____	

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:** \_\_\_\_\_