



AUTOMATIC PAYMENT AUTHORIZATION FORM

I hereby authorize **Invigo Day Spa LLC** to automatically charge me for my monthly Club Invigo Membership to my credit card identified below. The Club Invigo Membership entitles me to a 60 minute Massage (Swedish, Deep Tissue, Sports or Head, Hands & Feet), a 60 minute Invigo Signature Facial, a 60 minute Hand & Foot Treatment, a 60 minute Energetic Stretch, or a 60 minute Body Polish after it's been charged each month. I may also use the amount charged as credit toward upgrading to any specialty services that the spa offers. Authorizing this automatic payment for my Club Invigo Membership also allows me to purchase additional services and products throughout the month at the published discounted rates.

The day of the month and amount of this charge are as follows:

 \$55 will be charged each 1st day of the month.

Customer Information	Name:	
	Address:	
	City, State, Zip:	
	Home Phone:	
	Other Phone:	

Customer Credit Card Information	Credit Card Type:	AMEX	VISA	Master Card	Discover
	Card Number:				
	CVV/CVC/CID#				
	Expiration Date:				
	Name on Card:				

Note: A separate authorization form is required for each account.

TERMS AND CONDITIONS

This authorization will remain in effect until canceled by either party. I agree to notify Invigo Day Spa as soon as possible if my credit card information changes. I agree that I will allow for a seven (7) day notice of cancellation and that any charges that take place until that time will not be refunded and must be used as spa credit. Once this agreement is cancelled by either party, I understand that I will have to pay standard prices for any future services.

Please note that the \$40 birthday credit may be used after 3 paid months of membership.

Above terms and conditions accepted by:

Signature: _____ **Date:** _____