



# Enso Center for International Arts

8708 196<sup>th</sup> Ave NE Redmond, WA 98053  
425.869.0276 --- <http://ensocenter.org>

## Agreement to Pay Recurring Charges

Please read and sign below. Cross out and initial sections (a) or (b) if they do not apply.

Initial here  
if not  
applicable

(a) I agree to pay the Enso Center Monthly Fee(s), for the programs **circled below**, for a total **monthly** charge of \$\_\_\_\_\_ (the "Monthly Charge"). The Monthly Charge shall be charged as an automatic and recurring charge to my credit or debit card 1<sup>st</sup> of each month. I agree that the Monthly Charge may be increased from time-to-time to reflect adjustments made by Enso Center to the monthly fee under this agreement.

Initial here  
if not  
applicable

(b) I agree to pay the Enso Center Annual Fee **circled below** for a total **annual** charge of \$\_\_\_\_\_ (the "Annual Charge"). The Annual Charge shall be charged as an automatic and recurring charge to my credit or debit card each January 1. I agree that the Annual Charge may be increased from time-to-time to reflect adjustments made by Enso Center to the annual fee under this agreement.

(b) I hereby certify that I am the holder of the credit or debit card to which the Monthly and/or Annual Charge shall be made and that I am authorized to enter into this agreement to place such automatic charges on my credit or debit card.

(c) I understand that I will be notified if my credit or debit card fails to authorize for any reason, and that a \$10 late fee will apply if I do not provide valid credit or debit card information within ten (10) calendar days of the date I am notified by Enso Center of the failed authorization of my credit or debit card.

(d) I understand that any program(s) under this agreement shall be cancelled if my account becomes more than thirty (30) calendar days late.

(e) I understand that if I wish to cancel any Fee(s) paid for under this agreement I need to notify Enso Center of such cancellation at least 14 days in advance of my billing cycle.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### PLEASE CIRCLE APPLICABLE MONTHLY PROGRAM and ANNUAL FEE(S):

Full Martial Arts  
Tai Chi  
Yoga

Hapkido  
Weapons

Martial Arts FUNDamentals  
Archery

Annual Fee (Individual)

Annual Fee (Family)

Name: \_\_\_\_\_