[STUDIO NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

RECURRING INVOICE

Invoice #: [0000]

Date: [Month 00, 20XX]

Billing Cycle: [Monthly/Weekly]

BILL TO

[Client Name]
[Client Address]
[Client Email]

PAYMENT METHOD

[Card on File: 0000]
Next Charge: [Date]

Description	Period	Amount
[Membership Type / Pilates Sessions Package]	[Start Date] - [End Date]	$0.00
[Add-on Service / Equipment Fee]	-	$0.00

Subtotal: $0.00

Tax: $0.00

Total Amount: $0.00

Notes: Recurring charges are processed automatically. To cancel or modify your membership, please provide notice [X] days prior to the next billing date.

Thank you for moving with us!