



Recurring Payment Agreement and Cancellation Fee

PLEASE READ CAREFULLY THE TERMS APPLICABLE TO YOUR SELECTED PAYMENT METHOD AND THE TERMS APPLICABLE TO ALL PAYMENT METHODS (INCLUDED BELOW).

Your consent to the terms of this Agreement confirms the following:

If your payment is credit card:

- You authorize Flex Performance Therapy (“Company”) to debit/credit funds from the bank account provided (the “Account”).
- You Authorize Flex Performance Therapy to charge your card \$30 in the event of a no show or cancellation within 24 hours of scheduled appointment time unless deemed an emergency by clinic discretion.
- You give permission to the noted financial institution (or any substitute therto which you identify) to debit the Account for withdrawals made by Company.
- You authorize Flex Performance Therapy (“Company”), to store the credit card identified with your purchase or payment information, such as credit card may be updated from time to time (the “Stored Credential”).
- You give permission to the noted financial institution (or any substitute therto which you identify) to charge the Stored Credential for withdrawals made by Company.
- You understand the terms and conditions of your scheduled payment plan with Company and you authorize Company to make recurring charges to the Stored Credential for payment amounts you authorized or authorize from time-to-time and, if necessary, initiate adjustments for any transactions.
- Without limiting the generality of the foregoing, you authorize Company to charge the Stored Credential in the amount of your total term premium, plus taxes if applicable, according to the payment frequency you select or selected. The current amount of your total term premium, plus taxes if applicable, will be shown

on your account statement.

- You understand the amounts charged to the Stored Credential may vary if changes occur to your policy premium.
- You understand if your financial institution indicates non-sufficient funds (NSF), Company may attempt another account withdrawal (a representment).
- You understand if your financial institution indicated NSF of the represented withdrawal, an NSF fee may be charged to the Account in addition to your regular payment. A notification will be mailed to you advising of a special withdrawal to obtain your insurance premium and to advise for the NSF fee withdrawal. A payment returned as NSF may result in the cancellation of your policy.
- You understand Company will adjust your banking information if notification of change is received directly from your financial institution.

Terms applicable to all payment methods:

- You understand this authorization is continuous and will automatically apply to the renewal terms of your policy, unless Company is instructed differently.
- If a credit is owed to your account with Company, Company will provide you with notice and will refund the applicable amount.
- This Agreement will expire when both (i) you no longer have a policy with Company and (ii) fully payment of your balance has been received by Company. For clarity, if you have an outstanding balance with Company, the Agreement will remain in effect whether or not you have a policy with Company. However, if your policy expires or is deemed not to have expired and to have remained in full force and effect as though you continuously had a policy with Company.
- You pledge to have the necessary funds available to cover the amount of the payments due to Company.
- You may dispute any account discrepancies by providing a signed declaration to your financial institution within 90 days of the withdrawal date.
- You understand Company cannot be held liable for the service charges levied by your financial institution.
- You certify all payment information provided is accurate and agree to inform Company of any changes to this information at least 21 days prior to the next payment due date, and that, unless otherwise agreed with Company, this Agreement continues in respect of any new credit card or bank account to be used for payment.
- You agree to the disclosure of any personal information, which may be contained in this Agreement, to your financial institution.
- For the purposes of this Agreement, all amounts are in US dollars.
- Company may make changes to this Agreement by providing you with 30 days prior written notice.
- If you make changes to, or are asked to update, your payment method or information, you may be required to consent to a revised or updated Recurring

Payment Agreement or similar agreement with Company at that time. In those circumstances, the revised or updated Recurring Payment Agreement, or similar agreement, that you consent to will replace this Agreement.

Signature

Date