Pomegranate Health Monthly Subscription Consent Form

I, [Subscriber's Full Name], hereby consent to enroll in the monthly subscription plan offered by Pomegranate Health under the following terms and conditions:

1. **Monthly Fees:**

   I understand and agree that the monthly subscription fee is non-refundable. The subscription fee covers a 30-day period, and payments will recur on a monthly basis.

2. **Payment Information:**

   A valid credit or debit card must be on file for the subscription to remain active. I authorize Pomegranate Health to securely store and automatically charge my card for the monthly subscription fee.

3. **Auto charge Authorization:**

   I authorize Pomegranate Health to automatically charge my card one day prior to the renewal date for the upcoming subscription period. This ensures uninterrupted access to Pomegranate Health services.

4. **Termination Notice:**

   To terminate the subscription, I understand that I must provide notice in writing via email, or through the designated patient portal. The termination will be effective after the completion of the current 30-day subscription period.

Consent:

I have read and understood the terms outlined above for the Pomegranate Health monthly subscription plan. I willingly consent to enroll in the subscription and authorize Pomegranate Health to charge my card for the recurring monthly fees.

I acknowledge that monthly fees are non-refundable, and termination will be effective after the 30-day subscription period.

Subscriber's Full Name (Print): _____**

Subscriber's Signature: _____**

Date: _____**

Cardholder's Full Name (if different): _____**

Cardholder's Signature (if different): _____**

Date: _____**

By signing this form, I acknowledge that I have reviewed and agreed to the terms of the Pomegranate Health monthly subscription plan, including the non-refundable nature of the monthly fees and the auto charge authorization for seamless subscription renewal.