

Authorized User Form

This form must be completed in its entirety by the named Account Holder for the specified Optimum* account.

Send completed form to: **Account Information**

Optimum
Attn: Shared Services
1111 Stewart Ave
Bethpage, NY 11714
OR
Fax to 516-803-1688

Date: _____
Account Number: _____ Account PIN: _____
Phone Number: _____
E-Mail Address: _____

Location where you receive your Optimum Service

Street: _____
City: _____ State: _____ Zip: _____

■ Residential Account (only 1 Authorized User can be designated)

Account Holder Name: _____
Must be the name of the Account Holder and not an Authorized User

Add Authorized User
Authorized User Name: _____

Remove Authorized User
Authorized User Name: _____

■ Business Account (up to 5 Authorized Users can be designated)

Business Name: _____
Account Holder Name: _____
Must be the name of the Account Holder and not an Authorized User

Add Authorized User(s)
Authorized User Name(s): 1: _____ 2: _____
3: _____ 4: _____ 5: _____

Remove Authorized User(s)
Authorized User Name(s): 1: _____ 2: _____
3: _____ 4: _____ 5: _____

By designating/removing an Authorized User on the account, you are granting/revoking permission for this person to access and/or make changes to your Optimum account, such as changes to your level of TV, Phone or Internet services. For details, please visit optimum.net/userform.

You may be contacted should we have any questions regarding this form.



I represent that I am the named Account Holder and authorize Optimum to add/remove the above Authorized User(s).

Print Name of Account Holder _____

Signature of Account Holder _____

Date _____

* Optimum is a service of CSC Holdings, LLC