

Residential Only - Name Change / Account Transfer

This form must be completed in its entirety for the specified Optimum* account.

Instructions / Checklist

Name Change
For customers that are changing their legal name due to marriage or other reasons.
☐ Account Information (Page 1)
☐ Service Location (Page 1)
☐ Section 1 – Name Change (Page 2)
☐ Customer Equipment Verifications (Page 3)
☐ Copy of Identification if unable to provide Social Security # (e.g. Driver's License, Military ID, Passport, Green Card)
Deceased Account Holder (account transfer to surviving spouse)
For customers who are transferring the account to a surviving spouse. If surviving relative is not spouse, use section 3. Account Information (Page 1)
☐ Service Location (Page 1)
☐ Section 2 – Death of Account Holder (Page 2)
☐ Customer Equipment Verifications (Page 3)
☐ Copy of Identification if unable to provide Social Security # (e.g. Driver's License, Military ID, Passport, Green Card)
Account Transfer
For customers who are transferring the account to a different individual. Account Information (Page 1)
☐ Service Location (Page 1)
☐ Section 3 – Account Transfer (Page 2)
☐ Customer Equipment Verifications (Page 3)
☐ Copy of Identification if unable to provide Social Security # (e.g. Driver's License, Military ID, Passport, Green Card)
Account Information
Date:
Account Number:
Location where Optimum Service is received
Street:
City:

Send completed form along with identification to:

Altice USA
Attn: Shared Services
1111 Stewart Ave

Bethpage, NY 11714

OR

Fax to 516-803-1688

^{*} Optimum is a service of CSC Holdings, LLC



Section 1 - Name Change		
☐ Marriage ☐ Legal Name Change		
New Account Holder Name:		
New Account Holder Name: Social Security #:		
Section 2 - Deceased Account Holder (account transfer to surviving spouse with same last name)		
☐ Deceased Account Holder (account transfer to surviving spouse with same last name)		
New Account Holder Name:		
New Account Holder Signature: I authorize Optimum to change the name on this account to my name as indicated below and accept responsibility for the account, including responsibility for all assets of Optimum installed at the about account as of the effective date of the account transfer. I understand that any promotional offers of the same terms and conditions of the initial offer. I agree that the Terms and Conditions on pages 2	pt transfer of the account to me. I agree to assume full over service address and all outstanding balances due on the currently applicable to the account will continue pursuant to 2, 3, and 4 of this form shall govern my use of the services.	
Note: You must be the surviving spouse with the same last name as the deceased account holder to use this section. If spouse has different last name, must use Section 3.		
Section 3 - Account Transfer		
□ Roommate □ Divorce □ Deceased (Family Member Takeover, not spouse) □ Other Current (Previous Customer) Information		
Current Account Holder Name:		
Phone #Email Address:		
Signature of Current Account Holder:	Date:	
Signature of Current Account Holder: Required for ALL situations above except "Deceased" IMPORTANT: Upon transfer of the account, direct payment options such as Online Bill Pay and recurring payments will be cancelled. It is also recommended to save any desired email. You will need to disclose the primary Optimum® ID and password for this account to the New Account Holder. Once the account transfer is complete, you may no longer have access to the Optimum Online® e-mail addresses/accounts and the My Optimum Voice records for this account. If Optimum is unable to complete this name change/account transfer request for any reason, your account will be immediately disconnected to prevent further charges in your name. You agree that you are authorizing Optimum to remove your name from the above referenced account and provide the new account holder designated below with access to and control of the account. All responsibility for the account (including but not limited to all assets of Optimum installed at the above service address) will become the responsibility of the new account holder. You further agree, and hereby consent, that the new account holder will have access to certain personal and sensitive information associated with the account,		
such as My Optimum		
New Customer Information	5 · 16 · 11 · 11	
New Account Holder Name:Email Address:	SOCIAl Security #:	
Phone #Email Address:		
Authorized User Name:	_	
New Account Holder Signature:		
You authorize Optimum to change the name on this account to your name, as indicated below, and accept transfer of the account to you. You agree to assume full responsibility for the account, including responsibility for all assets of Optimum installed at the above service address and all outstanding balances due on the account as of the effective date of the account transfer. It is also recommended that you change the password of the primary Optimum ID to prevent access to your account by the previous account holder. You understand that any promotional offers currently applicable to the account will continue pursuant to the same terms and conditions of the initial offer. You agree that the Terms and Conditions on pages 2, 3, and 4 of this form shall govern your use of the services. Please allow approximately 1-2 billing cycles for processing.		
If you do not wish to provide your Social Security Number, please enclose a photocopy of your identification, such Military ID or Green Card. If your ID does not indicate your current address, please include a photocopy of your mathis address.		



Required Customer Equipment Information

The Information requested below is required in order to process this request. You only need to complete one of the two sections below, as applicable.

Cable Boxes/Altice One:

Use the space provided here to record at least one of the **Serial** #, **CA S/N** or **MAC** numbers of the cable boxes at your service address. (Use only if you subscribe to a video service that utilizes a cable box)

The cable box **Serial #, CA S/N** or **MAC** number can be found on a sticker located on the back/bottom of the cable box. On Samsung/SA it can also be found by tuning to channel 900. On Altice One it can be found by navigating to SYSTEM->SETTINGS->DIAGNOSITCS



Modems:

Use the space provided here to record at least one of the **CMAC** or **HFC MAC** numbers of the modems at your service address. (Use only if you subscribe to an internet and/or telephone service)

The modem **CMAC** or **HFC MAC** numbers can be found on a sticker on the bottom or back of the modem.

