



Authorized User Form

Please note that only completed forms can be processed.

Send completed form to:

Optimum Research & Support,
200 Jericho Quadrangle, Jericho, NY 11753

OR

Fax to 516-977-0157

Account Information

Date: _____ Account Number: _____

Current Name of Account Holder: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Authorized User Name: _____

(Please Print)

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

Add/Change Authorized User*

By designating an authorized user on the account(s), you are granting permission for this person to access and/or make changes to your Optimum** account(s), such as changes to your level of TV, phone or internet services. For details, please visit optimum.net/userform.

Remove Authorized User

By removing the authorized user on the account(s), you are revoking permission for this person to access and/or make changes to your Optimum** account(s).

I represent that I am the named account holder and authorize Optimum to add/remove

_____ as an authorized user on this account as indicated above.

Signature of Account Holder

Date

*Only one authorized user can be listed per Optimum account.

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