optimum.

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: _____ State: _____ Zip: _____

Send completed form along with identification to:

Altice USA
Attn: Shared Services
200 Jericho Quadrangle
Jericho, NY 11753
OR
Fax to 516-803-1688

** Optimum is a service of CSC Holdings, LLC*

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Section 1 - Name Change

☐ **Marriage** ☐ **Legal Name Change**

New Account Holder Name:_____ Social Security #: _____
If not provided, photo ID required

Account Holder Signature:_____ Date:_____

I represent and warrant that I am the account holder of the account identified above and have legally changed my name to the name as set forth below. I authorize Optimum to change the name on this account as indicated on this form. I agree that I will continue to be responsible for this account, including payment of all charges associated with this account and responsibility for all assets of Optimum installed at the above service address.

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:_____ Social Security #: _____
If not provided, photo ID required

New Account Holder Signature:_____ Date:_____

I authorize Optimum to change the name on this account to my name as indicated below and accept transfer of the account to me. I 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. I understand that any promotional offers currently applicable to the account will continue pursuant to the same terms and conditions of the initial offer. I agree that the Terms and Conditions on pages 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: _____
*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 e-mail. 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

New Account Holder Name:_____ Social Security #: _____
If not provided, photo ID required

Phone #_____ Email Address: _____

Authorized User Name: _____
Optional Secondary User

New Account Holder Signature:_____ Date:_____

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 as: Current Driver's License, Passport, Federal or State Issued ID, Military ID or Green Card. If your ID does not indicate your current address, please include a photocopy of your mortgage or lease agreement, or current utility bill to verify residency at this address.

You may be contacted should we have any questions regarding this form. STOP ***(Don't Forget Page 3)*** STOP

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 / Modems / Optimum One / Optimum TV Box:

Use the space provided here to record at least one of the **Serial #**, **CA S/N**, **MAC**, **CMAC** or **HFC 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 **Serial #**, **CA S/N** or **MAC** number can be found on a sticker located on the back/bottom of the cable box or modem. On the Optimum One / Optimum TV Box it can be found by navigating to SYSTEM->SETTINGS->DIAGNOSITCS

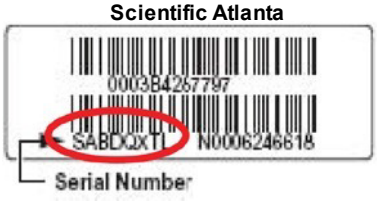
Optimum One / Optimum TV Box

_____

Samsung

_____

Scientific Atlanta



_____

Modem

_____

Access Code (4 digits):

If you know your 4-digit Access Code enter it in the space provided.

_____