



Name Change/Account Transfer Form

This page form must be filled out accurately and completely to ensure proper handling.

Send completed form to:

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

OR

Fax to 5169770157

Select applicable reason for change: Date: _____

Roommate Divorce Deceased/Family Member Takeover Other

Current Customer Information: Account Number: _____

Current Account Holder Name Home Phone Number

Service Address: _____

City: _____ State: _____ Zip: _____

Important: Upon transfer of the account direct payment options, such as recurring payments and Optimum Select wallet will be cancelled. [It is 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 email addresses/accounts and the Optimum Voice Homepage 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 Optimum Voice Homepage call detail records, Optimum Online email addresses, accounts and the contents thereof, and other account information, such as payment history.

Signature of Current Account Holder Date

[Required for ALL situations above except "Deceased".](#)

New Customer Information:

Account Holder Name Home Phone Number If not provided, photo ID and SS#: _____ New

proof of residency are required.**

Signature of New Account Holder Date

You authorize Cablevision 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 Cablevision 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 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 3 and 4 of this form shall govern your use of the services.](#) Please allow approximately 7 business days for processing.

* Optimum is a service of CSC Holdings, LLC.

** 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.