

Free, Simple and Convenient

Just complete the attached application and return it to us at the address given on front with a voided check (unless you are choosing our credit card option). We will notify you when your service has begun.



RETURN THIS APPLICATION WITH YOUR VOIDED CHECK, IF APPLICABLE.

I authorize Time Warner Cable and the financial institution listed below to transfer (debit) money from the indicated account for full payment of my Time Warner Cable bill.

Customer Name (as on bill)	Time Warner Account Number
Service Address (Street/City/State/Zip Code)	()
Mailing Address (if different)	Daytime Phone Number
Financial Institution Name	
Address (Street/City/State/Zip Code)	Exp. Date / / / / / / / / /
Checking Account # /Credit Card Account # /Savings Account #	(For office use only)
Master Card <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/>	
I agree to the terms on the back of this application.	
Signature (Required) _____	Date _____
<i>Please continue paying your bill by check until we notify you that your bank draft/credit card service has started.</i>	

RETAIN THIS APPLICATION FOR YOUR RECORDS

I authorize Time Warner Cable and the financial institution listed below to transfer (debit) money from the indicated account for full payment of my Time Warner Cable bill.

Customer Name (as on bill)	Time Warner Account Number
Service Address (Street/City/State/Zip Code)	()
Mailing Address (if different)	Daytime Phone Number
Financial Institution Name	
Address (Street/City/State/Zip Code)	Exp. Date
Checking Account # /Credit Card Account # /Savings Account #	
Master Card <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/>	
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SERVICE AGREEMENT

Payment Notice and Billing Questions

You will continue to receive a monthly bill from us. If you have questions you'll have at least 10 days to contact us before your automatic payment is made.

Stop Payments

You may stop any automatic payment by notifying us and your financial institution at least three business days prior to the payment date. Your financial institution may require written confirmation. You are responsible for any fees they may charge for a stop payment.

Payment Record and Errors

The amount and date of your automatic transfer will be shown on your regular bank statement. This is your proof of payment. In case of an error, notify us and your financial institution.

Availability of Funds

You may be charged if your transfer is returned due to insufficient funds. Also, your automatic bill payment service may be cancelled if two payments are returned for any reason in a 12-month period.

Termination of Bank Draft/Credit Card Service

This authorization will remain in effect until we receive written notice from you 30 days prior to the cancellation date or until your service has been terminated.

Account/Address Change

Please notify us of any bank account, credit card account or address change as soon as possible to ensure timely payments.