

Time Warner Cable
P.O. Box 85100
Austin, TX 78708-5100



AUTOMATIC DRAFT AUTHORIZATION

NAME (AS APPEARS ON CHECK): _____

SERVICE ADDRESS: _____

CITY, STATE: _____

CABLE ACCOUNT # _____

To initiate automatic payment of my Time Warner Cable bill, I authorize my cable company to instruct my financial institution to make my monthly cable payments from the account listed below. I understand this authorization may be revoked by me at anytime by providing my cable company with written notice to discontinue automatic payment. I realize that this information will be used solely for the purpose of my Time Warner Cable payments. If you wish to cancel this agreement, please notify us two weeks prior to your due date.

Check here if you would like to continue receiving monthly billing statements.

CHECKING ACCOUNT INFORMATION
(Include a voided check)

NAME OF BANK: _____

ROUTING # _____

ACCOUNT # _____

SIGNATURE: _____ DATE: _____

CREDIT CARD INFORMATION
Please circle the appropriate card:

AMERICAN EXPRESS DISCOVER MASTERCARD VISA

CARD NUMBER: _____ EXPIRES: _____

SIGNATURE: _____ DATE: _____