



Time Warner Cable Business Class-Automatic Payment Program Authorization Form

Enroll Today

Complete and sign this form, then return to: Time Warner Cable Business Class, PO Box 511700, Milwaukee, WI 53203
Or fax to 414-277-9466

TWC Account # _____ - _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Business Phone (____) _____

Other Phone (____) _____

Email Address _____

DIRECT DEBIT

Financial Institution _____ Routing number _____

_____ Checking or _____ Savings Account # _____

IMPORTANT: Please enclose a voided check with this enrollment form or fax the enrollment form and voided check to 920-996-4799. Without verification we cannot process your request.

OR:

_____ **Visa** _____ **MasterCard** _____ **Discover** _____ **American Express**

Account #: _____

Exp. Date _____

Cardholder Name as it appears on card _____

Authorization Signature (Required) _____

Date _____

Customer Authorization: I authorize Time Warner Cable Business Class or its agent to initiate entries to my account. I have indicated the account and understand that I need to notify Time Warner Cable within 30 days written notice if I need to have my payment debited from or changed to another account. I will verify the accuracy of this application and will promptly notify Time Warner Cable of any errors. I further understand that I may cancel the automatic authorization with 30 days written notice. I agree that my first use of the service will signify my acceptance of the terms of this account.

CHOOSE ONE:

_____ Begin Automatic Payment Program with this statement.

_____ Begin Automatic Payment with next statement.
(I will process payment for my current bill separately)