



EasyPay Authorization Agreement for Adding, or Updating Automatic Bill Payment

Enroll or Update EasyPay

Please include your bank account, credit card or debit card information with your signed EasyPay Authorization Agreement. After you submit the agreement, allow 30-60 days for EasyPay to begin. Once EasyPay begins, your monthly billing statement will advise you of the amount that will be deducted from your bank account or charged to your credit/debit card, and it will also read "Please do not pay." This will serve as notice that your enrollment was successful. While you are enrolled in EasyPay, your account with us will be charged or debited on the due date displayed on your bill.

Follow these steps:

1. If you have an email address, visit us online using your computer, tablet or smart phone at cox.com or coxbusiness.com to complete your EasyPay enrollment. You can also call us at the number located on your bill to sign up over the phone.
2. If you don't have an email address and can't enroll online or over the phone, complete and sign the EasyPay Authorization Agreement on the reverse side.
3. Mail the completed form to the following address.

**Cox EasyPay
Customer Care Support Specialists
901 S George Washington Blvd
Wichita KS 67211**

**Note: Completed forms must be mailed to the address above to be processed.
Forms will not be accepted in person at our retail locations.**

EasyPay Authorization Agreement

for Adding, or Updating Automatic Bill Payment

Complete this form to enroll, or update EasyPay Automatic Bill Pay. Please be sure to fill out the form entirely, sign and return to Cox EasyPay, Customer Care Support Specialist, 901 S George Washington Blvd, Wichita KS 67211. Incomplete forms will not be processed. A separate form is required for each account.

Select Request Type: Enroll in EasyPay Update EasyPay

Name on Cox Account: _____

Cox Account #: _____ - _____ - _____

Service Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Phone: _____ **E-Mail:** _____

Important: If you provide an email address on this form, you will be enrolled in Paperless Billing and no longer receive a paper bill in the mail. We will send you an email reminder each month when your bill is available on cox.com or coxbusiness.com.

Please complete either the Bank Information (checking or savings accounts) or the Credit Card information (debit card or credit card) section below. You do not need to complete both sections.

Bank Information: **Preferred Method - Never Expires**

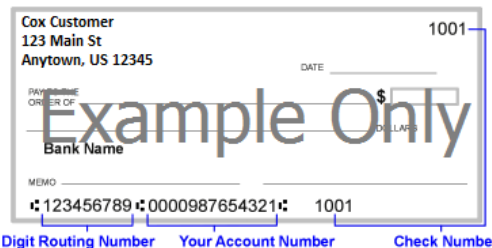
Checking Account Savings Account

Name on Account: _____

Routing #: _____

Account #: _____

Bank Name: _____



Credit Card / Debit Card Information: (Requires update when card Expires)

Card Type: Visa MasterCard Discover American Express

Name on Card: _____

Card #: _____ - _____ - _____

Expiration Date: ____ / ____ / ____

Authorization

*** By signing below, I agree to be enrolled by Cox in EasyPay recurring payments. I understand the bank account, credit card, or debit card I have provided will be charged/debited the total amount due automatically each month on the due date located on my bill and agree that if this payment is returned or rejected by my financial institution for any reason, Cox may charge my account a returned payment fee up to the maximum allowed by law. I further agree that if I provide an email address on this form, I will no longer receive paper bills in the mail and will receive an e-mail notification informing me when my monthly bill is ready to view on Cox.com or CoxBusiness.com. I understand that Cox may cancel my enrollment at any time, and I may revoke my consent by contacting Cox at the number printed on my bill.

Print Name: _____

Signature: _____ **Date:** _____

Site ID: _____ Date Completed: _____ Paperless Direct Debit Account Name: _____

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