

Power of Attorney

To grant or remove a designated Power of Attorney, this form must be completed in its <u>entirety</u> for the specified Optimum Mobile* account. All required documentation must be submitted. Request may take up to 14 days to be processed.

Instructions / Checklist

□ Review "Instructions / Checklist"

□ Complete "Section 1 – Current Account Information"

□ Complete "Section 2 – Power of Attorney Information"

Copy of legal documentation granting or disallowing Power of Attorney

Copy government-issued photo ID (for the person being granted Power of Attorney)

Section 1 – Account Information		
Account Holder Name:	Account #:	Account PIN:
Street:		
City:	State:	Zip:
Contact Phone #:	Contact Email Address:	

Section 2 – Power or Attorney Information				
🗆 Gra	nt "Power of Attorney"	Remove "Power of Attorney"		
Full Name:	Рс	A PIN:	Expiration Date:	
Street:				
City:	Stat	e:	Zip:	
Contact Phone #:Contact Email Address:				
Power of Attorney Signature:			Date:	
	ave power of attorney for this acco	unt. I am aware t	ve. I authorize Optimum Mobile to update the hat when contacting Optimum Mobile, I must s form again to request a new PoA PIN.	

Send completed form along with identification to:

Optimum Attn: Shared Services 1111 Stewart Ave Bethpage, NY 11753 *OR* Fax to 516-803-1688