

CONTRACT BUYOUT FORM

Welcome to Spectrum! We look forward to servicing all of your communication and entertainment needs. Please follow the 3 easy steps below to start the Contract Buyout process and receive your check.

Step 1: Installation of qualifying Spectrum services

Step 2: Download, Print out, and Complete the "Contract Buyout Form" below

Step 3: Send an email with the following information to mycheck@spectrum.com

- Email Subject line should include your account number.
- Attach a copy of the entire bill(s) from previous provider(s) with early termination fees circled, account holder name and service address clearly marked. **(Attach all applicable bills, acceptable file formats include .jpg or .pdf only).**
- Completed "Contract Buyout Form"; (below). Include all reimbursable Early Termination Fees on the same form **(only one offer/form per account).**

Upon receipt of the forms and verification of eligibility, a payment in the amount equal to the early termination fee(s) charged by your previous provider(s) on your bill(s) **(not to exceed \$500 in total)**, will be mailed to your Spectrum address of record.

@Charter Communications. Offer available to qualifying customers only who have not subscribed to Spectrum TV services within the previous 30 days and have no outstanding obligations to Charter, Time Warner Cable or Bright House Networks. Incomplete forms or requests with missing ETF documentation will be returned to the customer for completion and resubmission. Form and bill(s) must be received within 60 days of installation of the Spectrum TV and Internet services. Payment amount will be determined by the early termination fee(s) shown on the bill(s) from the previous provider(s), not to exceed \$500. If email is not available, forms may be mailed to Spectrum, Attn: Offline Customer Support; 4145 S. Falkenburg Rd. Riverview, FL, 33578.

CONTRACT BUYOUT FORM

(*Asterisk denotes required fields, print page and fill out)

*Name on the Spectrum Account: _____

*Service Address: _____

City _____ State: _____ ZIP: _____

*Email Address: _____

*Phone Number on the Account: () _____

*Spectrum Account Number (12 or 16 digits): _____

*Previous Provider Name 1:	ETF	Amount	1:
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Previous Provider Name 2:	ETF	Amount	2:
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Previous Provider Name 3:	ETF	Amount	3:
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Questions? Email us: mycheck@spectrum.com