

**Mediacom**  
SimplePay Form

Fax to: 1-319-351-3839  
Mail to: Mediacom  
546 Southgate Ave.  
Iowa City, IA 52240

**STEP #1: Complete ALL of the following information**

Today's Date: \_\_\_\_\_ Your Name: Mediacom CSR  
Your Client #: NA Your Phone #: 351-3984  
Subscriber Name: \_\_\_\_\_  
Subscriber Account #: \_\_\_\_\_

**STEP #2: Choose from the options listed below**

Add New Subscriber  Change Bank Account Info

Checking\*  Savings\*\*

\*If you selected checking, attach a copy of the voided check to this form or fill in account & bank #

\*\*If you selected savings, you must fill in the acct and bank routing #. DO NOT attach deposit slip.

Bank Account # \_\_\_\_\_

Bank Routing # (9 digits, starting w/0,1,2, or 3) \_\_\_\_\_

Change Subscriber # \_\_\_\_\_

Change Subscriber Name \_\_\_\_\_

Change Payment Date\*

Current Payment Date: \_\_\_\_\_ day of each month New payment Date: \_\_\_\_\_ day of each month

\*Verify that the New Payment Date is not within 5 days of the subscriber's CSG cycle date.

Cancel Automatic Bill Payment

A new enrollment form will be required if the subscriber decides to reactivate this account

**ATTACH A VOIDED CHECK OR  
DEPOSIT SLIP HERE**