

CenturyLink EMPLOYEE / RETIREE CONCESSION FORM

For eligible CenturyLink employees and retirees except those represented by a Qwest CWA or IBEW Bargaining Agreement

- Contact Sales and Care at the 800 number on your billing statement to add or change CenturyLink products and services.
- Complete and return this form to apply for concessions for selected CenturyLink residential services in your primary residence located in a CenturyLink service area.

<input type="checkbox"/> Active Employee	Start Date: _____	First 5 Numbers of Social Security Number _____
<input type="checkbox"/> Retiree	Effective Retirement Date: _____	
<input type="checkbox"/> Employee leaving the business no longer eligible for concessions		

Employee Information		
Printed Name: _____	CUID: _____	
Home Address: _____	City: _____	State: _____
Zip: _____	Home Telephone: _____	E-Mail Address: _____

AutoPay (Payments will automatically be deducted from the checking or savings account selected below approximately 18 days after your bill date.) **Account must be setup on AutoPay (checking or savings accounts only – no credit/debit cards).**

<input type="checkbox"/> I have already enrolled in AutoPay or employee leaving business not eligible for concessions (Skip to next section)	
Name of Bank or Financial Institution: _____	Routing # _____
<input type="checkbox"/> Checking Account Number (Please provide copy of voided check.)	
<input type="checkbox"/> Savings Account Number (Please provide copy of savings deposit slip)	
I authorize CenturyLink and the financial institution named above to process variable entries to my account. This authority will remain in effect until I give reasonable notification to CenturyLink to terminate this authorization.	
Signature (required): _____	Date: _____

Paperless Billing Opt-Out (Account must be setup for paperless billing with the exception of employees who can opt out if they don't have access to the Internet).

I certify that the employee listed above does not have access to the Internet and qualifies to opt-out of paperless billing.

Supervisor Signature (required): _____ Print Name: _____

CenturyLink Account Information and Form Routing	
Enter either the 9-digit or 13-digit Billing Account Number provided by the agent or shown on your bill, then route as indicated for your account number type.	
9-Digit Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
For 9-digit account numbers email completed form and voided check or savings deposit slip to: cs-empconcessions@centurylink.com or fax completed form to: 1-866-689-5582.	

-Or-

13-Digit Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Customer Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> R
For 13-digit account numbers email completed form and voided check or savings deposit slip to: emp.disc@centurylink.com or fax completed form to: 1-800-427-4816.		