



AFFORDABLE CONNECTIVITY PROGRAM (ACP) DISCLOSURES AND OPT-IN AGREEMENT

Name: _____ Contact Number _____

Please print

Last Four Digits of Social Security Number: _____ Date of Birth (MM/DD/YYYY) _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

(if different)

AcenTek account number if you have service now: _____

If you qualified through a dependent in your household, provide

Their Name: _____ Their date of birth _____

Their Last Four Digits of Social Security Number _____

ACP Program ID Number _____

I understand the following, (please initial each statement)

____ Affordable Connectivity Program (ACP) is an FCC benefit program that provides a discount up to \$30 on my monthly Internet service bill.

____ Only one monthly Internet service discount is allowed per household. A household is defined as anyone living at the same address who share income and household expenses. This program is non-transferable to any other individual or household.

____ I may choose to participate in the ACP from any participating service provider and I may transfer the ACP benefit to another provider at any time during this program.

____ I authorize AcenTek to transmit my information to the Universal Service Administrative Company and the National Lifeline Accountability Database to verify and enroll my household in the ACP program.

____ I understand if I cannot demonstrate eligibility, I will not be enrolled or may be de-enrolled if I am no longer eligible.

____ I may apply the ACP benefit of any Internet service offering of AcenTek at the same general terms and conditions available to households that are not eligible for the same ACP supported service.

____ I understand the ACP will not be prorated for a partial month of service or enrollment and may be less than the full benefit during the final month of the program when program funding is depleted.

____ I understand my ACP eligible Internet service may be disconnected after 90 consecutive days of non-payment.

____ I will be subject to the AcenTek undiscounted rates and general terms and conditions if Affordable Connectivity Program ends, or if I transfer my ACP benefit but continue to receive service from AcenTek, or upon de-enrollment from the ACP.

____ I may file a complaint against AcenTek via the FCC Consumer Complaint Center.

____ I will notify AcenTek if I no longer choose to continue AcenTek Internet service.

By initialing and signing this form, I give consent to applying my ACP program benefit to my Internet service from AcenTek.

Signature _____ Date _____

Any questions, call 888-404-4940. **Return this initialed, signed form by**

Email to: info@acentek.net

or Mail to your local AcenTek office

AcenTek, ACP Program, PO Box 360, Houston MN 55943

AcenTek, ACP Program, PO Box 509, Allendale MI 49601

AcenTek, ACP Program, PO Box 69, Mesick MI 49668