



AFFORDABLE CONNECTIVITY PROGRAM (ACP) BENEFIT TRANSFER

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,

- The Affordable Connectivity Program (ACP) is a FCC benefit program provides a discount up to \$30 on my 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.
- My household will be transferring the ACP benefit to my account with AcenTek
- The effect of the transfer is that the ACP benefit will be applied to my account with AcenTek and will no longer be applied to the service, if retained, for my previous ACP benefit service provider.
- I may be subject to my previous service provider’s undiscounted rates as a result of the ACP benefit transfer if I continue to retain that service.
- My household is limited to **one** ACP benefit transfer per service month

By initialing and signing this form, I give consent to transfer my ACP program benefit to my Internet service provided by AcenTek.

Signature _____ Date _____

Any questions, call 888-404-4940. **Return 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