



ESSENTIALS INTERNET DISCLOSURES AND OPT-IN AGREEMENT

The Essentials Internet package is available for low-income households that are enrolled in or qualify for the Federal Lifeline Program or the National School Lunch Program.

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 for Federal Lifeline through a dependent in your household, provide

Their Name: _____ Their date of birth _____

Their Last Four Digits of Social Security Number _____

Federal Lifeline Subscriber ID _____

I understand the following, (please initial each statement)

___ If I cannot demonstrate eligibility in either the Federal Lifeline Program or the National School Lunch Program, I am not eligible for the Essential Internet service offering from Acentek.

___ I authorize AcenTek to transmit my information to the Universal Service Administrative Company and the National Lifeline Accountability Database to verify my eligibility or enroll in the Federal Lifeline Program.

___ I understand the Federal Lifeline Program credit is not available in all areas.

___ I understand I am subject to Annual Recertification for the Federal Lifeline Program or the National School Lunch Program to remain on the Essential Internet service offering.

___ If I fail to prove eligibility for the Essentials Internet service offering and to avoid disconnection of my Internet service, I agree to have my service changed to the lowest advertised price Internet package offered at the generally applicable rates and terms of that package.

___ I will be subject to the AcenTek rates and general terms and conditions.

___ I understand my Internet service may be subject disconnection for non-payment.

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

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, PO Box 360, Houston MN 55943

AcenTek, PO Box 509, Allendale MI 49601

AcenTek, PO Box 69, Mesick MI 49668

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