



**AFFORDABLE CONNECTIVITY PROGRAM  
DISCLOSURES AND CUSTOMER CONSENT TO TRANSFER**

*Please read and initial each statement below to confirm you have read and understand the disclosures related to the transfer of your Affordable Connectivity Program benefit to Valley TeleCom Group.*

- \_\_\_\_\_ I acknowledge that my Affordable Connectivity Program (ACP) benefit will be transferred to Valley TeleCom Group.
- \_\_\_\_\_ I understand that my ACP benefit will be applied to service from Valley TeleCom Group and will no longer be applied to service retained from my previous provider.
- \_\_\_\_\_ I understand, as a result of transferring my ACP benefit to Valley TeleCom Group, I may be subject to my previous provider's undiscounted rates if I choose to retain service from that provider.
- \_\_\_\_\_ I understand that I am limited to one ACP benefit transfer per service month, with limited exceptions where a subscriber seeks to reverse an unwanted transfer or is unable to receive service from a specific provider.

I acknowledge that I have received the disclosures related to my request to transfer my Affordable Connectivity Program (ACP) benefit. I understand these disclosures and I consent to the transfer of my ACP benefit to Valley TeleCom Group.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Customer Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Last 4 of SSN

\_\_\_\_\_  
Residential Physical Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ST

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Customer Account Number

\_\_\_\_\_  
Customer Email Address