



AFFORDABLE CONNECTIVITY PROGRAM (ACP) ENROLLMENT FORM

This signed Affordable Connectivity Program (ACP) Enrollment Form is required to receive the ACP Program discount through Mountain Telephone (MRTC). The National Verifier, not MRTC, determines your eligibility to receive ACP. **Only persons who have been determined to be eligible should complete this Enrollment Form.** If you have not already qualified, please visit ACPBenefit.org to apply. **The information that you enter on this Enrollment form must be identical to what you provided the National Verifier to receive eligible approval.**

Personal Information

National Verifier Application ID: _____
First Name _____ MI _____ Last Name _____
Date of Birth ____/____/____ Last 4 Digits of Social Security Number _____
Contact Phone Number _____ MRTC Phone Number (If Applicable) _____

Residential Address (Principle Residence)

Street Address (No P.O. Boxes) _____ City _____ ST _____ Zip _____
Billing Address (if different than above) _____ City _____ ST _____ Zip _____

Qualification Through Dependent (Only complete if qualifying through a child or dependent in your household)

First Name _____ MI _____ Last Name _____
Date of Birth ____/____/____ Last 4 Digits of Social Security Number _____

Benefit Transfer Request (if applicable)

I currently receive ACP benefits from another carrier and I request that MRTC submit a Benefit Transfer on my behalf. I understand that I can only receive one ACP benefit from one provider.

Certifications

- I authorize government agencies and their authorized representatives to discuss with, receive from and provide information to MRTC that is relevant to my eligibility to receive ACP benefits. I consent and give permission for MRTC to transmit the personal information provided to verify my eligibility with the Universal Service Administrative Company.
- I understand the ACP Program is a federal government subsidy that reduces my broadband internet access bill and that I am subject to regular rates upon de-enrollment.
- I understand my broadband service are governed by the company’s terms of service found at <https://www.mrtc.com/pdf/tos.pdf> and I have reviewed and agree to those terms.¹
- I understand that the ACP discount is limited to one monthly service discount per eligible household and that I may choose a different provider at any time.
- I understand that I may file a complaint with the FCC at any time if I feel it is warranted.
- I understand that MRTC may disconnect my ACP service after 90 consecutive days of non-payment.
- I understand that the benefit may be applied to any residential Broadband Service plan that MRTC offers.

By my signature below, I certify that the information provided above is true and correct and I agree to the above Certifications.

Applicant Signature _____ **Date** _____

This form must be completed in its entirety and returned to MRTC. For further assistance, please call (606)743-3121.

For internal use: Date Enrollment Completed _____ Completed By _____ Application Taken By _____
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¹A copy of MRTC Terms and Conditions of service may be obtained by visiting www.mrtc.com, and applies to all existing or newly activated service.