



Affordable Connectivity Program (ACP) Consent

I, _____, hereby provide my written consent that Golden West Telecommunications can enroll me in the **Affordable Connectivity Program (ACP)**.

I am qualified for **ACP Only** **Lifeline and ACP (check one box)**. I understand the ACP is a government program that **1)** began on December 31, 2021, **2)** reduces my broadband internet access bill and **3)** is temporary. The program will end once the funds are exhausted, or six months after the Department of Health and Human Services declares an end to the pandemic, whichever comes first. Once the program ends, I understand that my monthly bill will revert to the full monthly charges less any discounts and plus any taxes and surcharges, based on the terms and conditions of my agreement with Golden West.

The ACP may end in the middle of the billing cycle resulting in less than the full monthly service credit for the final month of the program. If there is a partial benefit in the last month of the program, I understand I will be charged on amount higher than what I would pay if the full ACP benefit were applied to my broadband bill.

I understand that I may obtain ACP support from any ACP participant and I can transfer my Affordable Connectivity Program to another ACP participant at any time.

Please consider your service options after the ACP has ended and indicated your choice:

INITIAL ONE:

I wish to continue my broadband service with Golden West after the ACP has ended.

I do not wish to continue my broadband service with Golden West after the ACP has ended.

Signature: _____ **Date:** _____

Print Name: _____

Contact Phone: _____

Contact Email: _____