



## Emergency Broadband Benefit Program (EBBP) Consent

I, \_\_\_\_\_, hereby provide my written consent that Golden West Telecommunications can enroll me in the Emergency Broadband Benefit Program (EBBP).

I am qualified for  **EBBP Only**  **Lifeline and EBBP (check one box)**. I understand the EBBP is a government program that **1)** began on May 12, 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 EBBP 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 an amount higher than what I would pay if the full EBBP benefit were applied to my broadband bill.

I understand that I may obtain EBBP support from any EBB participant and I can transfer my Emergency Broadband Benefit to another EBB participant at any time.

Please consider your service options after the EBBP has ended and indicate your choice:

**INITIAL ONE:**

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_