

Authorization to Change to Long Distance Carrier

Subscriber Billing Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

INTERSTATE OR INTERLATA CARRIER (generally out-of-state calling)

Telephone Number(s)	Old Long Distance Provider	New Long Distance Provider
_____	_____	_____
_____	_____	_____

I designate Golden West to act as my agent for the Long Distance Provider changes(s) listed above. I understand that only one Long Distance Provider may be designated as my interstate or InterLATA Long Distance Provider for any one telephone number and that any change to my Long Distance Provider selection does involve a charge of up to \$5.50.

X _____ X _____
Subscriber's Signature Required Date Required

INTRASTATE OR INTRALATA CARRIER (generally in-state calling)

Telephone Number(s)	Old Long Distance Provider	New Long Distance Provider
_____	_____	_____
_____	_____	_____

I designate Golden West to act as my agent for the Long Distance Provider changes(s) listed above. I understand that only one Long Distance Provider may be designated as my interstate or InterLATA Long Distance Provider for any one telephone number and that any change to my Long Distance Provider selection does involve a charge of up to \$5.50.

X _____ X _____
Subscriber's Signature Required Date Required

Calling Plan: _____

Office Use Only



Please print and return or fax to the office closest to you:

- 415 Crown St, PO Box 411, Wall, SD 57790 Fax: 605-279-2747
- 1510 National Ave, Hot Springs, SD 57747 Fax: 605-745-5331
- 525 E. 4th St, PO Box 98, Dell Rapids, SD 57022 Fax: 605-428-3132
- 116 N. Main Ave, PO Box 460, Hartford, SD 57033 Fax: 605-528-2266