

## Affordable Connectivity Program (ACP) Opt-Out Acknowledgement

Please read and initial each statement below to confirm you understand and agree.

I agree to the following statements.

_____	For Lincoln County Telephone System to remove the Affordable Connectivity Program benefit from my monthly statement.
_____	That my statement will be assessed the full amount prior to the Affordable Connectivity Program benefit being applied.
_____	That upon the removal of my benefit, my household will be subject to Lincoln County Telephone System’s regular rates, terms and conditions, if my household continues to subscribe to Lincoln County Telephone System’s broadband service or standard rate selected.

_____ Customer Signature	_____ Date of Signature
_____ Customer Printed Name	
_____ Residential Address	_____ City                      State                      Zip
_____ Customer Account Number	_____ Customer Email Address