



### AFFORDABLE CONNECTIVITY PROGRAM (ACP) OPT-IN FORM

The information provided in this form will be used to verify eligibility for the ACP benefit to be applied/transferred to your MidSouth Fiber Internet account.

#### Instructions

1. Ensure you have received an approved status of **“QUALIFIED”** from USAC National Verifier site after you entered your information to verify eligibility.
2. Fill out this form with the information you submitted that was approved. This information **must match exactly** to prevent delays in having proper discounts applied.
3. Submit a copy of the email/document you received showing the **“QUALIFIED”** status to either [hello@midsouthfiber.com](mailto:hello@midsouthfiber.com) or MidSouth Fiber, PO Box 970, Navasota, TX 77868. This is **required by MidSouth Fiber** and helps us to verify your information without delay.

Once your information has been verified and discounts applied, you will be notified by MidSouth Fiber.

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Date \_\_\_\_\_

ACP Applicant ID Number (from your **“Qualified”** notice) \_\_\_\_\_

Customer Account Holder Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Last 4 SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

Do you qualify for the Affordable Connectivity Program through another Eligible Qualifying Person within your household?

No

Yes (If you checked this box, please fill in the below fields with that qualifying person’s information.)

Name \_\_\_\_\_

Last 4 SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Please read and check each of the following to participate in the ACP Program:**

- I hereby opt-in to the Affordable Connectivity Program (ACP).
- I acknowledge that I am aware of the eligibility requirements for the ACP. If I can't demonstrate eligibility, I will not be enrolled in the program and/or MidSouth Fiber Internet will be required to de-enroll me from the program.
- I acknowledge the ACP is a government program that reduces my broadband internet access service bill.
- I acknowledge that I may obtain ACP-supported broadband service from any participating provider of my choosing and that I can transfer my ACP benefit to another provider one time a month.
- I acknowledge I may apply the ACP benefit to any broadband service offering of MidSouth Fiber Internet at the same terms and available to households that are not eligible for the ACP supported service.
- I acknowledge my provider may disconnect my ACP supported service after 90 consecutive days of non-payment.
- I acknowledge I will be subject to the MidSouth Fiber Internet's undiscounted rates and general terms and conditions if the ACP ends, if I transfer my benefit to another provider but continue to receive service from MidSouth Fiber Internet, or upon de-enrollment from the ACP.
- I acknowledge I may file a complaint regarding an ACP supported service or any difficulty enrolling with a provider via the Commission's Consumer Complain Center at <https://consumercomplaints.fcc.gov/hc/en-us> or by calling 888-225-5322.
- I acknowledge that the ACP Program is non-transferable and that the discount is limited to one ACP discount per household, and I further certify that no other member of my household is receiving a benefit under the ACP.
- I acknowledge that I have reviewed the available services and upload/download speeds and data caps for services offer by MidSouth Fiber Internet for the ACP Program.
- I consent to applying my ACP program benefit to the broadband Internet access service I receive from MidSouth Fiber Internet.
- I consent to MidSouth Fiber Internet disclosing and/or transmitting any information required to the program Administrator for my participation in the program including but not limited to my name, my dependent's name, date of birth, last 4 digits of social security number or Tribal Identification Number, address, telephone number, type of service, start date of service, termination of service date, ACP Program discount amount, eligible program, tribal benefit status, Lifeline Tribal Benefit, Linkup Service Date and Independent Economic Household certification date.
- I acknowledge that if MidSouth Fiber Internet has a reasonable basis to believe that I am no longer eligible to receive the ACP benefit, I will receive a notification of impending termination of my ACP benefit and will have 30 days following the date of such notice to demonstrate continued eligibility.

- I acknowledge that my participation in the ACP does not relieve my obligations to adhere to MidSouth Fiber Internet's posted rates, terms and conditions, or other rules and regulations or tariffs that govern the services I receive.
- I acknowledge that the monthly ACP Benefit will not be prorated but may be less than the full benefit during the first and final month of the program.
- I certify that:
  1. I have confirmed my eligibility for the Affordable Connectivity Program through the National Verifier.
  2. I reviewed the above disclosures and consent to ACP program enrollment.

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**SIGNATURE**

(Typing your name as it appears on your "Qualified" form in the above box will act as your digital signature.)