



AFFORDABLE CONNECTIVITY PROGRAM (ACP) TRANSFER CONSENT FORM

If you are/or have been receiving an ACP benefit from another Service Provider, you must complete this form in addition to the ACP Opt-In Form so that your ACP benefit will be transferred to MidSouth Fiber Internet.

Date/Time _____

Name _____

I hereby provide my written consent that MidSouth Fiber Internet (the transfer-in provider) can transfer my Affordable Connectivity Program (ACP) benefit as I have read and signed this required ACP Transfer Consent Form.

By checking beside each of the statements below, I acknowledge I have read and understand each one:

- I understand that my ACP benefit transfer to MidSouth Fiber Internet will be applied to my broadband service and will no longer be applied to my service from the transfer-out provider.
- I understand I may be subject to the transfer-out provider’s undiscounted rates as a result of the transfer if I elect to maintain service from the transfer-out provider.
- I understand as the subscriber I am limited to **one (1)** ACP program benefit transfer per **calendar month**, with limited exceptions (see next statement).
- I understand that there are four (4) exceptions where I, as a subscriber, can transfer service providers more than once a month, and that if I elect to use an exception, I will need to complete and submit to MidSouth Fiber a Transfer Exception Worksheet. The four (4) exceptions are:
 - Improper Transfer – A subscriber was improperly transferred due to the internet company not making the required disclosures or obtaining the required consent from their household to proceed with the transfer transaction.
 - Operations Ceased – A subscriber’s internet company ceased operations or failed to provide service.
 - Rules Violation – A subscriber’s internet company violated the program rules and the violation impacts the subscriber. (Requires approval from FCC or USAC)
 - Moved Outside Service Area – A subscriber’s residential address changed to a location outside of the internet company’s ACP service area.
- I understand that consent is required for **EVERY** transfer attempt, and providers may not rely on an older consent given for a previous transfer.

Name of Service Provider I am transferring my ACP benefit out of:

Signature _____