



Webster-Calhoun

Cooperative Telephone Association

1106 Beek Street, PO Box 475, Gowrie, IA 50543
Phone: 515-352-3151 website: www.wccta.net



**Affordable Connectivity Program FCC Credit
Signature Form**

By signing this I acknowledge and certify to the following:

1. I agree that the Affordable Connectivity Program (ACP) is a government program that reduces the customer's broadband internet access service bill. I opt-in to continue my internet services enrolled in with WCCTA after the EBB Program ends.
2. I agree that I will be subject to WCCTA'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 the current provider, or upon de-enrollment from the ACP.
3. I understand that I may apply the ACP benefit to any broadband service offering of WCCTA at the same terms available to households that are not eligible for the ACP. Please see www.wccta.com/products-and-services for Internet Packages & Rates.
4. I authorize WCCTA to transmit the information I provided in my application for the ACP to the Universal Service Administrative Company and the National Lifeline Accountability Database to verify my eligibility to enroll my household to receive benefits under the ACP.
5. I understand that my household may obtain broadband service supported by the ACP from any participating provider of its choosing and that my household may transfer its ACP benefit to another provider at any time.
6. I understand I must provide a request to remove my household from the ACP under WCCTA. I can email a request to officestaff@wccta.com, I can mail a request to WCCTA 1106 Beek St, PO BOX 475, Gowrie, IA 50543 or I can call 515-352-3151 Monday – Friday 8am-4:30pm.
7. I understand that WCCTA may disconnect the household's ACP supported service after 90 consecutive days of non-payment.
8. I understand that only one ACP-supported service is permitted per household and certify that no other member of my household is receiving an ACP-supported service.
9. I understand that I may file a complaint against WCCTA via the Commission's Consumer Complaint Center.
10. I certify that the information I provided in my application for the ACP-supported service from WCCTA is true to the best of my knowledge.

WCCTA Account #

Customer Name (Please include middle initial)

Date of Birth

SSN

Qualifying Person's (QP) Name
(Please include middle initial)

QP Date of Birth

QP SSN

Customer Signature

Date