



**AFFORDABLE CONNECTIVITY PROGRAM  
DISCLOSURES AND CUSTOMER CONSENT TO ENROLL**

The Affordable Connectivity Program (ACP) is a federal government program that provides a monthly discount on broadband service for qualifying low-income households. If you qualify, your household can receive a monthly ACP benefit of up to \$30 toward the cost of your Internet service. If you live on qualifying Tribal lands, you may receive a discount of up to \$75.

If you are currently enrolled in the FCC's Lifeline program, you are eligible to participate in the Affordable Connectivity Program and do not have to submit a separate application to determine your eligibility for the ACP. The ACP is separate from the FCC's Lifeline Program. If your household qualifies for both programs, you can apply for and receive both benefits. You may continue your existing Lifeline service without enrolling in the ACP.

Your household cannot receive the ACP benefit from more than one service provider. You are only allowed one ACP benefit per household, **not per person**. If more than one person in your household participates in the ACP, you are breaking the Federal Communication Commission's rules and will lose your benefit.

You may choose to receive your ACP benefits from any broadband Internet access service provider participating in the ACP, and you may transfer your ACP benefits to another service provider at any time.

You may choose to apply your ACP benefit to any internet service offering that is currently available at your address at the same terms available to households that are not eligible for the ACP.

If you no longer qualify for the ACP benefit (such as your income exceeds the income level or you no longer participate in a qualifying benefits program), you must notify **RC TECHNOLOGIES** or the ACP administrator within 30 days.

You will be subject to RC TECHNOLOGIES' undiscounted rates, terms and conditions if the Affordable Connectivity Program ends, if you transfer your ACP benefit to another service provider but continue to receive service from RC TECHNOLOGIES, or if you are de-enrolled from the ACP.

RC TECHNOLOGIES may disconnect your ACP-supported service after 90 consecutive days of non-payment. This 90-day begins the first day the bill for your ACP-supported service becomes delinquent and subject to late fees.

You may file a complaint against RC TECHNOLOGIES via the Federal Communication Commission's Complaint Center.

By signing below, I acknowledge that I have read and understand the disclosures regarding the Affordable Connectivity Program.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**Please read and initial each statement below to confirm you have read and understand the disclosures related to the Affordable Connectivity Program.**

- \_\_\_\_\_ I agree that if I move, or if I become ineligible for the ACP, I will notify **RC TECHNOLOGIES** within 30 days.
- \_\_\_\_\_ I understand that the ACP benefit is limited to one discount per household and affirm that, to the best of my knowledge, my household is not receiving more than one ACP benefit.
- \_\_\_\_\_ I agree that all the information I provide on this form may be collected, used, shared, and retained for the purposes of applying for and/or receiving the ACP benefit. I understand that this information will be transmitted to the ACP Administrator and, if this information is not provided to the ACP Administrator, I will not be able to receive ACP benefits.
- \_\_\_\_\_ I know that willingly giving false or fraudulent information to get ACP benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

I have received approval from the ACP Administrator. My application ID number is \_\_\_\_\_.

**By signing below, I acknowledge that I have received and understand the disclosures regarding the Affordable Connectivity Program (ACP). I affirm that I am eligible to receive the ACP benefit and request that RC TECHNOLOGIES enroll me in the ACP and apply this benefit to my Internet service.**

_____	_____		
Customer Signature	Date		
_____	_____	_____	_____
Customer Printed Name	Date of Birth	Last 4 of SSN	
_____	_____	_____	_____
Residential Address	City	ST	ZIP
_____	_____		
Customer Account Number	Customer Email Address		



**TECHNOLOGIES**

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