



Emergency Broadband Benefit Program

INCOMPLETE INFORMATION WILL DELAY ENROLLMENT TO THIS PROGRAM

To be completed after eligibility has been verified by the National Verifier

Full Name of Applicant:		Name of Qualifying Person (QP) (if different):	
Applicant DOB:	Applicant last 4-digit SSN:	QP DOB:	QP last 4-digit SSN:
Service Address (If ACP, do not complete this section):			
City:	State:	Zip:	
Billing Address (if different) (ACP must complete this section):			
City:	State:	Zip:	
Home Telephone:	Preferred Contact Number:	Email Address:	

I PREFER TO RECEIVE NOTIFICATIONS BY MY EMAIL ADDRESS () OR BY U.S. MAIL () (PLEASE CHECK ONE)

PLEASE READ AND INITIAL EACH STATEMENT

____ My enrollment to receive the Emergency Broadband Benefit is based solely on the determination made by the National Verifier and the completion of this form does not guarantee enrollment.

____ I have confirmed my eligibility with the National Verifier and would like to participate in the EBBP.

____ I authorize ATMC to transmit my personal information contained in this form to the Emergency Broadband Benefit Program Administrator and to apply the EBBP discount to my service.

____ If I currently receive the EBB benefit from another provider, I authorize my benefit to be transferred to my ATMC account.

____ I understand I may obtain discounted broadband from any participating provider and that I may transfer my EBBP benefit to another provider at any time.

____ If my EBBP benefits are less than my service charges, I agree to pay all charges in excess of the benefit amount.

____ I understand the Emergency Broadband Benefit Program (EBBP) is a **TEMPORARY** government program that reduces the monthly cost of broadband internet service and that I am subject to ATMC's undiscounted broadband rates when the program ends.

UPON EXPIRATION OF THE EMERGENCY BROADBAND PROGRAM (INITIAL ONLY ONE):

____ I CONFIRM THAT I WANT MY SERVICE TO CONTINUE AFTER THE PROGRAM TERMINATES AND THAT I AM RESPONSIBLE FOR PAYING ALL CHARGES ASSOCIATED WITH MY BROADBAND SERVICE UPON EXPIRATION OF THE EBB PROGRAM.

____ I CONFIRM THAT I WANT ATMC TO DISCONNECT MY BROADBAND SERVICE UPON EXPIRATION OF THE EBB PROGRAM

Applicant's Signature: _____ **Date** _____

ATMC Representative: _____ **Date** _____

FOR ATMC USE ONLY		
ATMC Member #:	ATMC Acct#:	
National Verifier Qual #:	Broadband Speed:	
ATMC Service Order #:	Lifeline Customer?	YES OR NO
Comments:		

Complete this form and email it and any verification documents to: EBBP@atmc.com

Or print it and mail it to:

ATMC-Regulatory, P.O. Box 3198, Shallotte, NC 28459

If you prefer to enroll in person, bring this form and your verification documents to any ATMC location.