



## Letter of Agency Residential Long Distance Service

### Account Information

Name:		
Telephone Number(s) - List <u>all</u> numbers you wish to switch to ATMC Long Distance Service (including computer and fax lines):		
Street Address:		
City:	State:	Zip:

### ACKNOWLEDGEMENT

By signing below, I attest that I am authorized to assign ATMC as the telecommunications representative/agent for the above listed telephone number(s). I also acknowledge that I am granting permission for ATMC to act as telecommunications agent solely for the purpose of selecting the long distance provider for the above listed telephone number(s). I understand this authorization shall remain in effect until canceled in writing. This letter of authorization rescinds any other letter of authorization previously entered into for the purpose of selecting the long distance provider for the above listed telephone number(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

For additional information on how to complete this form, please contact our Customer Service department at 910-754-4311 or email [contact@atmc.com](mailto:contact@atmc.com).

Return completed form to ATMC using one of the following methods:

- Fax to 910-754-3781
- Email to [LNP@ATMC.COM](mailto:LNP@ATMC.COM)
- Mail to ATMC, LNP Coordinator, P.O. Box 3198, Shallotte, NC 28459

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CSR: