



Print and hand complete all fields on this form to authorize Diode Communications to perform the transfer of your ACP benefits. For Diode Communications to confirm, the information on this form must match EXACTLY the information entered with the National Verifier. Once completed, return to Diode Communications.

SUBSCRIBER INFORMATION-If you used another individual as your qualifier such as a child, you would need to list their information as well.

First Name(s): _____ Last Name: _____

Date of Birth(s): _____ Last 4 of SSN(s): _____

Phone number used in National Verifier: _____

Service Address: _____
Street St Zip

Billing Address: _____
Street St Zip

National Verifier Application Approval ID: _____

BY SIGNING THIS DOCUMENT, you acknowledge that you have received the disclosures related to your request to transfer your Affordable Connectivity Program (ACP) benefit. You understand these disclosures and consent to the transfer of the ACP benefit to Diode Communications.

*I acknowledge that my Affordable Connectivity Program (ACP) benefit will be transferred to Diode Communications.

*I understand that my ACP benefit will be applied to service from Diode Communications and will no longer be applied to service retained from my previous provider.

*I understand, as a result of transferring my ACP benefit to Diode Communications, I may be subject to my previous provider's undiscounted rates if I choose to retain service from that provider.



*I understand that I am limited to one ACP benefit transfer per service month, with limited exceptions where a subscriber seeks to reverse an unwanted transfer or is unable to receive service from a specific provider.

Signature: _____ Date: _____

FOR DIODE COMMUNICATIONS ACP PROCESSOR USE:

Transfer processed by: _____

Completed form received on: _____

Customer Account #: _____

Email Notification sent on: _____

Diode Communications
300 Commercial Street
Diller, NE 68342
402-793-5125
Diodecom.net