



Letter of Agency Carrier/Provider Change or Freeze Request

Date: _____
Account Number: _____
Account Billing Name: _____
Billing Address: _____

Telephone Numbers covered by this change request:

This letter is to designate AT&T Southeast to act as my agent in order to change the:

- local exchange carrier from _____ to AT&T Southeast.
- local exchange freeze to AT&T Southeast.
- intra-LATA long distance carrier from _____ to AT&T Southeast.
- intra-LATA long distance carrier freeze to _____.
- inter-LATA long distance carrier freeze to _____.
- remove freeze on local exchange carrier.
- remove freeze on intra-LATA long distance carrier.
- remove freeze on inter-LATA long distance carrier.

I understand that I may select only one primary intra-LATA long distance carrier, one primary local exchange carrier, and one primary inter-LATA long distance carrier for any one telephone number. I also understand that the primary inter-LATA long distance carrier may be different from the primary intra-LATA long distance carrier or primary local exchange carrier, and that the primary intra-LATA long distance carrier may be different from the primary local exchange carrier.

I further understand that there may be a charge for each provider change and could involve a charge in changing back to the original primary carrier.

I have elected to subscribe to the (name of product or service that is being promised or offered in exchange for the switch). This service (include a description of any and all terms, conditions or charges that will be incurred).

I am authorized to request changes on this account.

Name (Printed)

Signature
This signature will result in a change of your provider

Date