

**FCC Affordable Connectivity Program (ACP)  
Customer Consent Form**

The FCC has created a federal support program for qualifying individuals for a discount of \$30 off the monthly service price of internet broadband services. **(If you are currently a federal lifeline customer, you are pre-qualified for this program and signing this form will allow Sebastian to enroll you in the program. Once approved, Sebastian will initiate the \$30 credit on your internet service.)** As attested below, the customer has been made aware of and understands that this discount will be provided subject to the conditions below:

- A discount from the customer's broadband service rate of \$30 per month will be applied
- No data limits will be placed on the service or charged for.
- Only one ACP discount is eligible per household. Other providers may offer this discount as well as Sebastian and the customer can transfer the discount to another provider at any time.
- Customer can cancel service at any time.
- Sebastian may disconnect the ACP-supported service after 90 days of non-payment
- The household will be subject to Sebastian's undiscounted rates and general terms and conditions if the program ends or if the household transfers their ACP benefit to another provider but continues to receive Sebastian's service, or if the household is de-enrolled from the ACP
- The household may file a complaint against its provider via the FCC Commission's Consumer Complaint Center [www.consumercomplaints.fcc.gov](http://www.consumercomplaints.fcc.gov) or calling 1-888-225-5322

Customer Certification: Yes, please enroll me in the ACP program. I consent for Sebastian to transmit my enrollment information to the national database administrator. I have read and understand the conditions and would like to receive a discount up to \$30 on my monthly internet bill.

\_\_\_\_\_ I am currently a federal lifeline customer

\_\_\_\_\_ I am not a federal lifeline customer. I have completed the application and have been approved for the Affordable Connectivity Program through the National Verifier.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ (Exactly as entered in the National Verifier)

Sebastian Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Application ID: \_\_\_\_\_ (National Verifier Confirmation #) **Not required for current federal lifeline customer**

Household Address: \_\_\_\_\_