

## Letter of Agency to Change Service Provider

### CUSTOMER INFORMATION

Customer Billing Name \*: \_\_\_\_\_

Customer Billing Street Address\*: \_\_\_\_\_

Customer City, State, Zip Code\*: \_\_\_\_\_

Billing Telephone Number (BTN)\*: \_\_\_\_\_

\* All fields are required. **The name you enter above must be the name the phone number is officially under with your current provider (your name, spouse's name, business name, etc).** Please note that a billing street address and current provider's bill copy is required for all porting requests (**No PO Box Addresses**). The bill copy has to be within 30 days. Please do not submit any service change orders on your current phone numbers to your current provider during the LNP process.

Only one service provider may be designated as my presubscribed carrier for each telephone number listed below.

\_\_\_\_ By initialing here and signing below, I am authorizing **Family Phone, LLC and/or Level(3) and/or its designated agents (Family Phone)** to become my new service provider in place of \_\_\_\_\_ [current local service provider] for IP based telephony services. I authorize Family Phone to act as my agent to make this change happen, and direct \_\_\_\_\_ [current local service provider] to work with Family Phone to make the change.

\_\_\_\_ By initialing here and signing below, I acknowledge that Family Phone has informed me that the service does NOT support traditional 911, E911 or any other form of quick dial access to emergency services. I acknowledge that I made preparations to contact emergency services when needed, in an alternate way.

\_\_\_\_ By initialing here and signing below, I acknowledge that any services associated with my current carriers including internet access and security systems will NOT be supported.

### Telephone Number (s) to be changed:


\_\_\_\_ Initial here if attaching a list of additional numbers to be changed. Please note that if you are porting numbers from multiple providers or sets of numbers with different BTNs, please include them in the attached list. I certify that I have read and understand this Letter of Agency. I further certify that I am at least eighteen years of age, and that I am legally authorized to change the telephone service providers for services to the telephone numbers listed above. **I understand and agree that I may be subject to a one-time charge per line for each change in provider. I may consult with the carrier as to whether the charge will apply.** If I later wish to return to my current provider, I may be required to pay a reconnection charge to that company. I also understand that my new service provider may have different calling areas, Rates and charges than my current provider, and that by signing below I indicate that I understand those differences, (if any) and am willing to be billed accordingly. Please note that a billing street address is required for all porting requests (No PO Box Addresses).

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I understand that my signature of this document will result in the change of my telephone service provider as described above.**