LETTER OF AUTHORIZATION

Dear Customer:

Thank you for choosing Rural Telecommunications of America (RTA) as your service provider. As you are aware, you may continue to use your existing telephone number with gigFAST VoIP service. To transition your current telephone number to gigFAST VoIP service, RTA must work with your previous service provider to ensure that your service is uninterrupted, and where applicable, to ensure that your number is transferred.

Your prior service provider requires this letter as proof that you have explicitly authorized and requested that your service and current telephone number be transferred to another service provider. By filling in all the information requested below, and signing and dating this letter, you provide us with the authorization to initiate the process of transferring your service and telephone number to gigFAST VoIP Services. You will then be able to use your old number with your new gigFAST VoIP service.

Please ensure the following information is complete accurately which will help prevent possible delays.

Name on Account: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Current Service Provider: _____

Telephone Number	Billing Telephone Number	Requested Port Date
*Additional Numbers to port on page 2 if necessary		

PLEASE REMOVE ANY FEATURES (i.e. Hunt Group) ASSOCIATED WITH THESE NUMBERS PRIOR TO SUBMITTING THIS LOA. ADDITIONALLY, PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, AS THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS.

By signing below, I designate RTA or its designated agent to transfer my service from my current provider to RTA. By signing below, I also authorize RTA or its designated agent to transfer my current telephone number used to provide service so that RTA may provide its service to me. By signing below, I also authorize RTA or its designated agent to obtain billing information, customer service records and other network information required to provide me with RTA service. I understand that I may consult with RTA as to whether a fee will apply to the change.

Print Name: _____ Date: _____

Signature: _____

A bill copy is REQUIRED to authorize ownership of number(s). Please include a summary copy containing account name and the numbers owned. See your Sales Representative for further information.

Initials _____

Additional Numbers to port:

Telephone Number		Billing Telephone Number		Requested Port Date

Initials _____