

LETTER OF AUTHORIZATION

Customer billing name: _____
Customer billing address: _____
Customer street address: _____
City, state, zip code: _____

I, _____ (type your name) the undersigned customer, wish to change my telecommunications service provider to _____ [INSERT WINDSTREAM ILEC NAME] or _____ [INSERT WINDSTREAM IXC NAME], as applicable ("Windstream Communications"). I authorize Windstream Communications to act as my agent to make this change and direct my current telecommunications company to work with Windstream Communications to make the change.

I may designate only one telephone company as my preferred carrier for each type of service for each of my telephone numbers. My selection will apply only to the telephone number(s) listed below. I designate Windstream Communications as my preferred telecommunications carrier for the following services (**Customer must initial the service(s) as appropriate**):

- _____ Local telephone service
- _____ Local toll service (*i.e.*, intraLATA toll)
- _____ Toll service (*i.e.*, interLATA toll)

Telephone number(s) to be changed: _____

I have read and understand this Letter of Authorization. I am at least eighteen years of age and legally authorized to change telephone companies for services to the telephone number(s) listed above.

I understand that I may be required to pay a one-time charge to switch providers and may consult with Windstream Communications as to whether the charge will apply. If I later wish to return to my current telephone company, I may be required to pay my current company a reconnection charge.

Signed: _____ Date _____