THE FUTURE OF sctelcom

Preferred Carrier Freeze Authorization

This form must be completed by the responsible party on the SC residential account.

I, _____, *(please print name as shown on account)*, HEREBY REQUEST AND AUTHORIZE SC, to freeze the preferred carrier on my account the following service as of this date _____. I understand I will not be able to change my carrier selection unless I lift the freeze. I understand there is no charge to initiate or terminate this service, but that there will be a charge to the carriers.

IntraLATA Carrier 05717 SOUTH CENTRAL LONG DISTANCE

IntraLATA Carrier 05717 SOUTH CENTRAL LONG DISTANCE

(Out of Area Code)

Customer Signature: _____ Date: _____

Billing Address: _____

Preferred Contact Number: _____

Person(s) Authorized to change the long-distance service on this residential account:

Authorized User: _____

☐ $0.03 CENTS INTER/INTRA CALLS *(No monthly charge)*

☐ Unlimited Long Distance $14.95 *(Up to 3,000 minutes – overage charges will apply.)*

Return to: South Central Telephone Association
PO BOX B
Medicine Lodge, KS 67104