

PREFERRED CARRIER FREEZE AUTHORIZATION

**THIS FORM MUST BE COMPLETED BY THE RESPONSIBLE
PARTY ON THE UNITED TELEPHONE ASSOCIATION, INC
ACCOUNT**

I, _____ (print name as shown on account), hereby request and authorize (United Telephone Assn., Inc.) to freeze the Preferred Carrier on my account on the following services as of this date, _____. I understand I will not be able to change my carrier selection unless I lift the freeze. Lifting the freeze requires written authorization by the signer below. I understand there is not a charge to initiate and terminate this service, and that there **will be a charge to change carriers.**

InterLATA Toll Service _____
(Authorized Signature)

IntraLATA Toll Service _____
(Authorized Signature)

Account Name _____
(Please Print)

Phone #'s _____

Date _____

Personnel authorized to change the long distance carrier on this account:
(Necessary for business accounts only)

Return this form to: United Telephone Assn., Inc.
PO Box 117
Dodge City, KS 67801

