

# Preferred Carrier Freeze Authorization

Please fill in the appropriate information, sign the form and return to the following address:

Mid-Rivers Telephone Co-op  
Attn: Customer Services  
PO Box 280  
Circle, MT 59215

I hereby request and authorize Mid-Rivers to freeze the Preferred Carrier on my account on each of the following services as of this date. I understand I will not be able to change my carrier selections unless I lift the freeze. I understand there is no charge for freezing my carrier, but there will be a \$5.00 charge if I change my carrier.

Preferred **INTRALATA\*** Carrier \_\_\_\_\_  
\*Within the east lata of Montana

Telephone Number(s) \_\_\_\_\_

Preferred **INTERLATA/INTERNATIONAL\*\*** Carrier \_\_\_\_\_  
\*\*To the west lata and out of state/country

Telephone Number (s) \_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
MEMBER SIGNATURE

## OFFICE USE ONLY

Completed by Time

Date S/O #

01/22/01