

PIC FREEZE Authorization Form

Account Name: _____

Telephone Number(s): _____

I hereby authorize WRT to implement, effective immediately, a freeze of my provider for the service or services indicated by my signature(s) below. I understand that I will be unable to make a change in provider(s) for any of the services on which I place a FREEZE, unless I first instruct WRT to remove the PIC FREEZE.

Long Distance Carrier: _____

Freeze my IntraLATA long distance carrier (in-state / 1+ long distance calls).

Signature: _____ Date: _____

Long Distance Carrier: _____

Freeze my InterLATA long distance carrier.

Signature: _____ Date: _____

**This form must be signed and returned to WRT before
the PIC FREEZE can be put on your account.**

(please be sure that the name and address on this form matches the name and address for the telephone number)