



**P. O. Box 499, 103-E Watts St.
Gretna, VA 24557
(434) 656-2291 Fax: (434) 656-8080**

LETTER OF AGENCY (LOA)

Name as it appears on phone bill: _____

Phone number(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

By my signature below, I designate **Peoples Mutual Long Distance** as my primary 1+ long distance carrier and authorize said carrier to inform my local exchange company of this change. I certify that I am of legal age and that I have proper authority to sign this LOA. I further accept responsibility for all charges incurred on this account. I understand my local telephone company may assess a one-time nominal fee for each line that is changed.

_____ Date: _____

Authorized Signature

I also designate **Peoples Mutual Long Distance** as my pre-subscribed carrier for any toll calls made within my Local Access Transport Area (intraLATA calls). I understand my local telephone company may assess a one-time nominal fee for each line that is changed.