



Letter of Authorization

Dear Customer,

You are receiving this Letter of Authorization (LOA) because you have requested that your current phone number be ported over to ICT Tech Support, for use with our service. By signing and completing this LOA, you are giving us permission to transfer your number from your current phone service provider to our service.

Our porting process will take 5-10 days to complete. During this time your number will remain operational with your current provider, as will your temporary ICT Tech Support number, if applicable. When a porting date has been scheduled we will notify you. Other than your final porting date, we are unable to provide you with incremental updates on the status of your porting. Please do NOT cancel your existing telephone service until your telephone number has been ported to ICT Tech Support.

Important: If you have existing DSL service running on the telephone number you are porting, you will need to request that a dry loop be installed by your current DSL provider.

IMPORTANT - Please type out the form below and sign it by hand. Information for returning this form is located at the bottom of the page. *** You must also include a scan of your latest telephone invoice/statement in PDF, MS Word or as an Image file, SIGNED on a blank part. Do not sign it over any lines or graphics. Make sure you have no contract or special services from the current service provider that will block the porting of your number(s). **Make sure you provide the exact information as it appear on Customer Service Record. This is usually your Service Address. Please note that the service address CAN be different from your billing address. Billing address will usually get rejected if it's not the same as your service address. If you are not sure what is the correct customer service record, please contact your current service provider before proceeding.**

All fields are REQUIRED	
Please provide the following information – ***You must provide the address of service not billing.	
Company Name (if applicable)	
First Name:	
Last Name:	
Address:	
City, Province:	
Postal Code:	
Current Telephone Provider:	
Number(s) to be ported:	

By signing below, you authorize ICT Tech Support to transfer your phone number from your current provider to our services.

Name (Type): _____ Date (Type): _____

Signature: X _____ **Signature is Mandatory**

Please return this Letter of Authorization and signed telephone bill to:

Fax: (226) 476-1354
Email: voip@icctech.net

***By signing this Letter of Authorization you are acknowledging you are the account holder for this phone number and accept responsibility for any contract termination or change charges from your current provider.**