



Contract Buyout Form

Name on the Account _____

Service Address _____

Email Address _____

Phone Number on the Account _____

United Account Number _____

Previous Provider Name _____

Amount of Early Termination Fee from Previous Provider _____

Upon receipt of the forms and verification of eligibility, a payment in the amount equal to the early termination fee(s) charged by your previous provider(s) on your bill(s), not to exceed \$500 in total, will be mailed to your United Communications address of record.

Email all documentation to mycontractbuyout@gounited.net