**California Consumer Privacy Act (“CCPA”) Personal Information Request Form**

If you are a California resident, you may have the right to:

1. Know what personal information we have collected about you.
2. Request access to certain personal information we have collected about you.
3. Request that we delete certain personal information we have collected from you.
4. Correct inaccurate personal information we have about you.
5. Limit the use and disclosure of your sensitive personal information.
6. Opt-out of the sale of your personal information.
7. Not be discriminated against for exercising the foregoing rights.

To exercise any of these rights, please complete the relevant portion of the form below, including any applicable supplemental forms. Note that these rights do not apply to Business Consumers, current or former employees, and job applicants. In addition, the right to be free from discrimination for exercising your other rights is applied automatically and does not need to be specifically requested. For more information about our privacy practices please review Gravity Payments privacy policy here:
<https://gravitypayments.com/privacy-policy/>

Certain provisions of the CCPA do not apply to personal information we receive from you reflecting a communication or transaction between us and another business when you are acting as an employee, owner, director, officer, or contractor of such company, partnership, sole proprietorship, nonprofit, or government agency and you are seeking a product or service from us for the company, partnership, sole proprietorship, nonprofit, or government agency (*a “Business Consumer”*).

**Right to Know/Access:** You have the right to request access to the categories of information we have collected about you and the specific pieces of personal information that we have collected about you that is subject to the CCPA.

**Right to Correct:** You have the right to correct any personal information about yourself that you believe is inaccurate.

**Right to Delete:** You have the right to request deletion of certain personal information that we have collected from you. Please note that we will only delete information that is subject to the CCPA and will not be able to delete any personal information that is necessary or appropriate to provide our products or services or that are subject to certain exceptions as permitted by law.

**Right to Limit Use/Disclosure of Sensitive Personal Information:** You have the right to limit the use and disclosure of “sensitive” personal information about you to solely for the purposes for which it was collected.

**Right to Opt-Out of Sale:** You have the right to opt-out of sale of your personal information we collect on our websites, such as to provide personalized pages for visitors and provide assistance during the website visit.

Step 1: Please identify which privacy right(s) you would like to exercise:

*NOTE: Please be advised that we can only search for your information using the details that you provide. If you decline to provide information, our search may be incomplete. Proper authentication is critical to ensuring the protection of personal information. Depending on the response to your request, you may be required to provide proof of identity, such as a government-issued photo ID, before it can be fulfilled. We will respond to your request consistent with applicable laws. You are limited to two (2) requests within a twelve (12) month period.*

 **Are you a California Resident?**

☐Yes

☐No

**What type of request is this?**

☐Request to Know/Access the categories of information we have collected about you

☐Request to Know/Access specific pieces of personal information we have collected about you

☐Request to Delete certain pieces of personal information we have collected from you

☐Right to limit use/disclosure of sensitive personal information

☐Right to opt-out of the sale of personal information

Step 2: Person Submitting the Request

**Is this request for yourself or on behalf of someone else?**

☐Myself (“Consumer”)

☐On behalf of someone else (“Authorized Agent”)

•Relationship to Consumer

**If you are making the request(s) as a Consumer, you must:**

* Complete the Consumer Information section present within this document.
* Complete the CCPA Consumer Declaration of Identity Form present within this document.
* Return the completed forms by emailing them to privacy@gravitypayments.com.

|  |
| --- |
| **Consumer Information:** \*First Name |
| \*Last Name |
| \*Date of Birth (MM/DD/YYYY) |
| \*Email Address |
| \*Primary Telephone Number(Include area code)  |
| Other Telephone Number (Include area code)  |
| \*Address Line 1(Street address)  |
| Address Line 2 Apartment, suite, floor, etc.  |
| \*City |
| \*State |
| \*Zip Code |
| Other Identifying details we should search such as IP address, Device ID, etc.  |

(\*) Required Fields

**If you are making the request(s) as an Authorized Agent of behalf of a Consumer, you must:**

* Be registered with the California Secretary of State if you are a business.
* Complete the Consumer Information section above.
* Complete the Authorized Agent Information section below.
* Complete the CCPA Authorized Agent Declaration of Identity Form present within this document.
* Request the Consumer to complete and return the CCPA Consumer Declaration for Authorized Agent Form located within this document from their own email account.
* Return the completed forms by emailing them to Privacy@gravitypayments.com.

*NOTE: You may be contacted for evidence of your identity as well as that of the Consumer.*

|  |
| --- |
| **Authorized Agent Information:** \*First Name |
| \*Last Name |
| Legal Entity Name  |
| DBA Name, if any  |
| \*Date of Birth (MM/DD/YYYY) |
| \*Email Address |
| \*Primary Telephone Number(Include area code)  |
| Other Telephone Number (Include area code)  |
| \*Address Line 1(Street address)  |
| Address Line 2 Apartment, suite, floor, etc.  |
| \*City |
| \*State |
| \*Zip Code |
| Other Identifying Details we should search such as IP address, Device ID, etc.  |

(\*) Required Fields

**California Consumer Privacy Act (“CCPA”) Consumer Declaration of Identity Form**

Return To: Gravity Payments by emailing Privacy@gravitypayments.com

To:

From: (“Consumer”)

In connection with the CCPA Personal Information Request Form and/or CCPA Right to Opt-Out of Sale of Personal Information Request Form (the “Request”) delivered to Gravity Payments pursuant to the CCPA, Consumer hereby swears and certifies to Gravity payments that:

1. Consumer’s full legal name (first, middle, last) is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Consumer resides at (street address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (town/city) in the State of California.
3. Consumer has submitted the Request for Consumer’s own personal information and not for personal information of another consumer.
4. All information Consumer submits to Gravity Payments in connection with the Request shall be true and correct in all respects.
5. Consumer recognizes any false statement or other misrepresentation made in this Declaration of Identity may subject them to civil and criminal penalties.
6. Consumer shall indemnify and hold harmless Gravity Payments, its affiliates, and subsidiaries and each of their respective officers, directors, managers, members, employees, and agents from all liability arising out of any fraudulent statements by Consumer contained in this Declaration of Identity.
7. Consumer hereby swears under the penalty of perjury that the facts referred to in this declaration are true, complete, and correct:

Consumer Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consumer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_\_\_\_

**California Consumer Privacy Act (“CCPA”) Authorized Agent Declaration of Identity Form**

Return To: Gravity Payments by emailing Privacy@gravitypayments.com

To: Gravity Payments

From: (“Authorized Agent”)

In connection with the CCPA Personal Information Request Form and/or CCPA Right to Opt-Out of Sale of Personal Information Request Form (the “Request”) delivered to Gravity Payments pursuant to the CCPA, Authorized Agent hereby swears and certifies to Gravity Payments that:

1. Authorized Agent’s full legal name is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (first, middle, last)
2. Authorized Agent resides at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(street address): at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(town/city) in the State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Consumer has authorized \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Authorized Agent) to submit the Request on the Consumer’s behalf.
4. Authorized Agent’s relationship to Consumer is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. All information Authorized Agent submits to Gravity Payments in the Request shall be true and correct in all respects.
6. Authorized Agent recognizes any false statement or other misrepresentation made in this Declaration of Identity may subject them to civil and criminal penalties.
7. Authorized Agent shall indemnify and hold harmless Gravity Payments, its affiliates, and subsidiaries and each of their respective officers, directors, managers, members, employees, and agents from all liability arising out of any fraudulent statements by Authorized Agent contained in this Declaration of Identity.
8. Authorized Agent hereby swears under the penalty of perjury that the facts referred to in this declaration are true, complete, and current.

Authorized Agent Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Agent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_\_\_\_

**California Consumer Privacy Act (“CCPA”) Consumer Declaration for Authorized Agent Form**

Return To: Gravity Payments by emailing Privacy@gravitypayments.com

To: Gravity Payments

From: (“Consumer”)

In connection with the CCPA Personal Information Request Form and/or CCPA Right to Opt-Out of Sale of Personal Information Request Form (the “Request”) delivered to Gravity Payments pursuant to the CCPA, Consumer hereby swears and certifies to Gravity Payments that:

1. Consumer’s full legal name (first, middle, last) is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Consumer resides at (street address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (town/city) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the State of California.
3. Consumer authorizes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(the “Authorized Agent’s” full name), of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (street address) in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city/town) in the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state) as Consumer’s Authorized Agent to submit the Request to Gravity Payments on Consumer’s behalf.
4. Consumer’s relationship to its Authorized Agent is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Gravity Payments is authorized to communicate directly with the Authorized Agent in connection with the request and shall be entitled to rely upon any information or statements provided by the Authorized Agent on behalf of the Consumer.

Consumer hereby swears under the penalty of perjury that the facts referred to in this certificate are true, complete, and correct:

Consumer Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consumer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_\_\_\_

BEFORE ME, the undersigned authority personally appeared this day, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , (Consumer) known to me to be the person described herein, said person has proven to be the individual named above, and has acknowledged that this authorization is their wish.

WITNESS MY HAND AND SEAL affixed at (city)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on (date)\_\_\_\_\_\_\_\_.

Notary Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public (SEAL)