

Authorized Agent Designation Form

Instructions: If you are a resident of California and would like to designate an authorized agent to submit a request on your behalf related to your personal information, please complete this form in its entirety. A signed copy of this form must be submitted to us at the appropriate address below. Please note, if Safrapay Inc. is unable to verify the identity of the individual submitting this form (the "Requestor"), we may ask for additional information or documents for verification purposes. For more information, please see our [Privacy Policy](#).

If sending by mail, please use the following address:

Attn: Legal
3050 Aventura Blvd
Aventura, FL 33180

If sending by email, please use the following address:

privacy@safrapay.com

1. Requestor Information

Full Name
Mailing Address
Email Address
Phone Number

2. Authorized Agent Information

Full Name of Authorized Agent
Email Address of Authorized Agent
Phone Number
Authorized Agent's California Secretary of State Registration Number¹ (if applicable)

3. Authorization

I, Requestor, designate the Authorized Agent listed above for the sole purpose of submitting the following request(s) on my behalf (check all that apply):

- ☐ Request to delete my personal information; and/or
☐ Request to access my personal information.

By signing below and submitting this Authorized Agent Designation form, I affirm the following:

- I am a California resident.
- I am the Requestor whose name appears above and the information provided in this form is true and accurate.
- The Authorized Agent is a natural person or a business registered with the Secretary of State to conduct business in California.
- I understand that I may be contacted directly in order to verify my identity and confirm designation of my Authorized Agent.
- I grant the Authorized Agent permission to submit the request(s) indicated above to Safrapay Inc. on my behalf.
- I authorize Safrapay Inc. to process such request(s) and I understand that any responses produced in connection with a request to access my personal information will not be sent to my Authorized Agent, but will instead be sent directly to me at the address provided above.
- The authority granted by this form will terminate 90 days after the date of execution.
- I agree to indemnify Safrapay Inc. for any and all claims that arise against Safrapay Inc. in relation to its reliance on this Authorized Agent Designation form.

Signature of Requestor	Today's date (mm/dd/yyyy)
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¹ Please note, if you are designating an entity to act on your behalf, California law requires that such entity is registered with the Secretary of State.

4. Notary Information

County of _____

State of _____

I, _____, do hereby confirm that on this _____ day of _____, 20_____, the person named _____, appeared before me and has proven to be the individual named in Section 2 of the preceding document, and has acknowledged to me that this authorization is his/her wish.

Signature of notary public	Notary seal (if state requires a seal)
Commission expiration date (mm/dd/yyyy)	

* The notary seal must be dated within 30 days of receipt of this document by Safrapay Inc.