

## Annex A – CCPA Webform

In order to submit a disclosure request to Viamericas, please complete and email this form to [CCPA@viamericas.com](mailto:CCPA@viamericas.com) so that we may process your request.

CONSUMER INFORMATION	
<b>FULL NAME</b>	<b>PHONE NUMBER</b>
<b>ADDRESS</b>	
<b>EMAIL ADDRESS</b>	

VIAMERICAS SERVICES USED (Check All Applicable)			
<input type="checkbox"/>	Money Transfer	<input type="checkbox"/>	Top-Up
<input type="checkbox"/>	Money Order	<input type="checkbox"/>	Bill Payment
<input type="checkbox"/>	Check Processing		

REQUEST	
<input type="checkbox"/>	Categories of Personal Information Collected
<input type="checkbox"/>	Categories of Personal Information Disclosed
<input type="checkbox"/>	Specific Pieces of Personal Information Collected
<input type="checkbox"/>	Specific Pieces of Personal Information Disclosed
<input type="checkbox"/>	Deletion of Personal Information Collected

CONFIRMATION   CONFIRMACION
<i>By signing this form I confirm that the information provided herein is true and accurate.</i>

**Signature** \_\_\_\_\_  
**Name** \_\_\_\_\_  
**Date** \_\_\_\_\_

### **REPRESENTATIVES**

*Individuals acting as a representative of a California consumer must complete the top portion of this form along with the information requested below.*

*Representative's Full Name:* \_\_\_\_\_  
*Relationship to Consumer:* \_\_\_\_\_  
*Phone Number:* \_\_\_\_\_  
*Email Address:* \_\_\_\_\_  
*Physical Address:* \_\_\_\_\_