

To request a copy of the personal information we have collected about a specific person, please fill out the form below and email it to: privacy@netpayadvance.com

In the alternative, print form and mail to:

Attn: CCPA Records Request
 www.netpayadvance.com
 3615 N. Ridge Road
 Wichita KS, 67205

You may also call [855-790-7834](tel:855-790-7834) to make such a request.

Name:			Address:		
Telephone:			Last four of social security number:		
Email Address:					
I am requesting copies of personal information you have about me.				If yes, please initial here	
Please attach a copy of your driver's license or other government issued identity document.					
I am requesting copies of personal information about someone else.				If yes, please initial here	
I am the authorized representative of the person whose records I am requesting.					
Please attach a copy of your driver's license or other government issued identity document as well as a certified true copy of the document authorizing you to make this request: Power of attorney, guardianship documents, written and notarized authorization signed by the owner of the information, court order etc.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of person whose records are being requested (if not your own):					

Relationship between person requesting record and person whose records are being requested (if not your own records):	
Address of person whose records are being requested (if not your own):	
Telephone number of person whose records are being requested (if not your own):	
Last four digits of social security number of person whose records are being requested (if not your own):	
Email address of person whose records are being requested (if not your own):	

Please allow up to 45 days for the processing of your request.