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

If you are a California resident, you can make a request under the CCPA yourself, or you can use this form to designate an authorized agent to make the request(s) for you (the “Authorized Agent”). To make a designation, complete this form and give it to your Authorized Agent to submit with the request on your behalf.

1. My full legal name is: _____
2. I authorize you to contact me about the request being made on my behalf, if needed, at the following:
Email Address: _____
Phone Number: _____
3. I authorize the individual identified below as my Authorized Agent, to submit the request on my behalf:
Authorized Agent’s Name: _____
(First Name) (Last Name)
Authorized Agent’s Email Address: _____
Authorized Agent’s Mailing Address: _____
4. Paychex is authorized to communicate directly with the Authorized Agent in connection with the request, including but not limited to responding to such requests at the email or mailing address provided by the Authorized Agent. Paychex shall be entitled to rely upon any information or statements provided by the Authorized Agent on behalf of the Consumer.

By signing below, I authorize the Authorized Agent identified above to make the following requests on my behalf (select all that apply):

- Request to know the categories of Personal Information you have collected about me.
- Request to know the specific pieces of Personal Information you have collected about me.
- Requests to delete Personal Information you have collected about me.
- Requests to correct Personal Information you have collected about me.

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

- I am the California resident whose name appears above.
- The information provided on this form is true and accurate.
- I grant the Authorized Agent permission to submit the request(s) indicated above to you on my behalf.
- I authorize you to process such request(s) and I understand that any responses produced in connection with a request will be sent based on the Authorized Agent’s designation on the intake form.
- I agree to defend, indemnify, and hold Paychex harmless for any and all claims that arise against Paychex in relation to its reliance on this form or the request submitted by my Authorized Agent.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Consumer Signature: _____

Printed Name: _____

Date: _____