



Cover Letter

Credit/Debit Card Removal Request

To: (mt) Media Temple **From:** _____

Fax To: +1 (310) 388-0929 **Pages:** _____

Phone: _____ **Date:** _____

Re: New request Addition to existing request

✘ WARNING ✘

INCOMPLETE SUBMISSIONS WILL NOT BE REVIEWED OR CONSIDERED.¹

Submission Checklist:

- Completed Credit/Debit Card Removal Request form
- Copy of your Government-issued ID
- Copy of the credit/debit card statement reflecting the charges
- Initialed and signed Affidavit

Don't have access to a fax machine? Please feel free to email your submission to verification@mediatemple.net. Please note that we are only able to open .PDF files. If you send your documents in any other format, your request will not be reviewed or considered. Thank you!

¹ Your submission is considered incomplete if, for example: (i) all fields of the Credit/Debit Card Removal Request form are not completed, signed and initialed; and/or (ii) all of the required documents listed in Step 3 are not included with your submission of the form. Incomplete submissions will not be reviewed or considered.



Credit/Debit Card Removal Request

For the purposes of this request, the following definitions apply:

- **Cardholder:** The person to whom the credit/debit card was issued and whose name appears on the front of the card.
- **Account Owner:** The person identified in our records as the owner of the (mt) Media Temple account (“(mt) account”).
- **Account Contact:** A person identified in our records as an authorized contact on the (mt) account.
- **Government-issued ID:** Valid passport, state or Government-issued photo ID card or state-issued photo driver’s license.

FILE THIS FORM IF, AND ONLY IF, YOUR SITUATION MEETS ALL OF THE FOLLOWING CRITERIA:

1. You are the Cardholder; and
2. You are **NOT** an Account Contact or the Account Owner of the (mt) account(s) associated with the credit/debit card in question.

PLEASE PRINT CLEARLY OR TYPE · WE ARE ONLY ABLE TO ACCEPT FORMS AND DOCUMENTATION IN ENGLISH

Step 1 - Tell us about yourself

Legal Name	
Telephone Number	
Email Address	

Step 2 - Tell us about the credit/debit card and request

Credit/Debit Card Information	Type (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover XXXX-XXXX-XXXX-_____ (last 4 digits of card number)
Desired Course of Action	<input type="checkbox"/> Remove the credit/debit card from all associated (mt) accounts. <input type="checkbox"/> Remove the credit/debit card from all associated (mt) accounts and refund any unauthorized charge(s). <input type="checkbox"/> Remove the credit/debit card from (mt) account number _____ (or the (mt) account associated with the domain _____)
Reason for Request	<input type="checkbox"/> Cardholder no longer authorizes charges to the credit/debit card. <input type="checkbox"/> The charge(s) to the credit/debit card were never authorized by Cardholder. <input type="checkbox"/> Other (please specify) _____

Step 3 - Compile and provide us all of the documents listed below

The following list describes the documentation you are required to enclose with your submission of this form. ALL of the documentation listed below must be included with your submission of this form in order for us to begin consideration of your request. No exceptions or substitutions for the required documents will be permitted, so please do not ask. If you are unable or unwilling to provide ALL of the documentation listed below, we will be unable to process your request.

ALL OF THE FOLLOWING IS REQUIRED:

1. A copy of Cardholder’s Government-issued ID; and
2. A copy of the credit/debit card statement, clearly showing Cardholder’s name and billing address, and all charges that are claimed to be unauthorized (all other identifying details such as account balances may, and should be, removed or blacked out).



Affidavit

Please carefully read, initial, print and sign

Please carefully read each of the following terms and initial next to each term to confirm your full understanding and acceptance of the stated term. If you do not fully understand and accept any one of the following terms, you should NOT file this Credit/Debit Card Removal Request form ("this request") and we will be unable to assist you. This is a legally binding instrument.

_____ I certify, UNDER PENALTY OF PERJURY, that I am the Cardholder and all of the information I have provided in support of this request is true, complete, current and accurate.

_____ I fully understand and accept that I am solely responsible for maintaining control over, access to and use of my credit/debit card, and, (mt) Media Temple shall not be liable to me or any third-party for any failure on my part to maintain control over, access to or use of my credit/debit card.

_____ I fully understand and accept that, due to (mt) Media Temple's privacy policies, (mt) Media Temple is unable to provide any unlisted person or party with account-specific information related to the (mt) account, and that includes, without limitation, information about the services related to the charge(s) and contact information for the Account Owner.

_____ I fully understand and accept that this request shall be deemed invalid and will not be considered if I file this form over 90 days after the charge(s) have occurred. I also fully understand and accept that a refund of charge(s) is not guaranteed and any refund issued is done without obligation, and completely as a courtesy (not as a concession of liability), at (mt) Media Temple's sole and absolute discretion.

_____ I fully understand and accept that this request does not constitute a request to close, grant access to, or to delete or modify data from or within any (mt) account or service, and no such action will result from this request. Account and service closure is the sole responsibility of the Account Owner.

_____ I fully understand and accept that if I fail to provide all of the documentation set forth in Step 3, or if I provide documentation that does not meet the specifications outlined in Step 3, or if I provide information which (mt) Media Temple has reasonable suspicion to believe is untrue, incomplete, not current or inaccurate, (mt) Media Temple will be unable to process this request.

_____ I fully understand and accept that (mt) Media Temple will be unable to process this request if (mt) Media Temple records show that I am either the Account Owner or an Account Contact for the (mt) account in question. In such case, (mt) Media Temple will provide me with information on how to proceed with accessing the (mt) account to remove my credit/debit card.

_____ I fully understand and accept that, generally speaking, processing time for all Credit/Debit Card Removal requests is between 1-3 business days. This timeframe, however, may be longer depending on the particulars of my situation and the volume of requests (mt) Media Temple receives.

_____ I agree that neither (mt) Media Temple, Inc. or any of its employees, agents, assigns, affiliates or partners shall be liable to me or any third-party in any amount for any actions taken pursuant to this request. Additionally, I agree to defend, indemnify, and hold harmless (mt) Media Temple, Inc., and all of its employees, agents, assigns, affiliates and partners, from and against any and all claims, loss, liability and/or damages arising from this request or any actions taken by (mt) Media Temple, Inc. in connection therewith.

PRINTED NAME

SIGN

DATE