REQUEST TO CANCEL Two-Step Authentication

In order for your **Two-Step Authentication** to be **CANCELED**, account holder information must be verified. Completed form must be emailed to twostepcancel@secureserver.net. Please allow 3 business days for an initial response.

Account Number:	
(Domain	name may be listed if account number is unknown)
Account Holder First and La	ast Name:
Company Name:(Account	Owner Information Organization)
Reason for Cancellation:	
identification to this form. If the account holder and the requ If a company is listed under Ac	gital color copy of the current account holder's government-issued photo he person signing the request is not the account holder, please submit an ID for both hestor. He count Holder, I have attached a scanned or digital copy of a government issued photo hing below and have attached one of the following documents for company
 (Company name must match ex A copy of the original Identification number of this letter by contact Tax certificate with co 	Ractly.) I letter that was sent to you by the IRS issuing your business Employment (EIN) or the Taxpayer Identification number (TIN). You may request a copy eting the IRS at 1-800-829-4933 company name and address ocumentation or Fictitious Name documentation
	e of tax exemption showing charitable status
	is form will only be accepted from the email address listed on file for the account. address on file, please submit an Email Update request at changeupdate.com)
Daytime Phone Number (in case we have questions):
listed above, or, if not the account. Authentication Validation is cance change of registrant. I agree that r for any actions taken pursuant to the against Registrar or any of its affill for any loss, liability, damages or	ices CANCEL my Two-Step Authentication . I certify and affirm that I am the account holder, I am the authorized requestor of the account holder. I understand that once the Two-Step eled that any domain names within the account may be immediately eligible for transfer or for neither Registrar nor any of its affiliates shall be liable to me or any other party in any amount his request. I hereby waive and release any and all claims related to this request asserted iates. Additionally, I agree to defend, indemnify, and hold harmless Registrar and its affiliates expense, including reasonable attorney's fees, resulting from any third party claim, action or a authorization, or any actions taken by Registrar in connection therewith.
Signed:	Date:
(Account Holder or	Authorized Requestor's Signature)
Drinted Name:	
rinited Name:	