

California Consumer Privacy Act Authorized Agent Form

Effective January 1, 2023

Use this form on behalf of a Represented Consumer over 13 years of age to exercise their rights under the California Consumer Privacy Act (“CCPA”). If this does not apply, please visit Patelco’s Privacy Police page at patelco.org/privacy for the appropriate CCPA form.

The completed form should be submitted by mail to Patelco at the address at the end of this form, or taken to your local Patelco branch (patelco.org/locations).

Please fill out this document, print it, and then sign it in black ink. If you wish to fill it out by hand, please print it, fill in using capital letters and use black ink.

1. Request type

- Request to Opt-In** (Sale or Sharing of Personal Information)
- Request to Delete** Personal Information
- Request to Know** Specific Pieces of Personal Information
- Request to Know** Categories of Personal Information & Sources
- Request to Correct** Inaccurate Personal Information.
- Request to Opt-Out** (Do Not Sell - or Share My Personal Information)
- Request to Limit** Use & Disclosure of Sensitive Personal Information

2. Represented Consumer information (consumer over the age of 13)

Name <i>first, middle initial, last</i>	
Date of birth	
Street address	
City, State, Zip	
Phone	Email address

3. Authorized Agent information

Name <i>first, middle initial, last</i>
Street address
City, State, Zip
Government ID number (Driver’s License / Passport)

4. Represented Consumer authorization

With this form, I authorize _____ as my Authorized Agent for the sole purpose of submitting a verifiable consumer request (as defined by Cal. Civil Code § 1798.140(y)) on my behalf under the California Consumer Privacy Act as indicated on the previous page.*

The Represented Consumer must sign below in the presence of a notary public.

Signature of Represented Consumer X	Today's date <i>mm dd yy</i>
Print name	

Notarization

The notary seal must be dated within 30 days of receipt of this document by Patelco



Today's date <i>mm dd yy</i>	Name
County or state	

has appeared before me, has proven to be the individual named in Section 2, and has acknowledged that this authorization is his or his wish.

Signature of notary public	Notary seal <i>if state requires a seal</i>
Commission expiration date <i>mm dd yyyy</i>	

Please come to any Patelco Credit Union branch to have this form notarized for free.

5. Submit this form

- 1) Drop the completed form off at your local Patelco branch (patelco.org/locations); or
- 2) Mail to:

Patelco
3 Park Place
Dublin, CA 94568

*Why do we ask for this? The security of your information is important. This information helps to limit unauthorized requests to exercise your California privacy rights.