

**INSTRUCTIONS TO CONSUMER:** This form is to be used for submitting a "Request to Know" or "Request to Delete" under the California Consumer Privacy Act of 2018 ("CCPA"). For more information about the CCPA and associated consumer rights, please refer to CCPA Privacy Notice.

Upon completion, please submit the form by mailing a notarized copy (see section below) to:

WESTconsin Credit Union, PO Box 160, Menomonie, WI 54751

|                 |  |
|-----------------|--|
| Name            |  |
| Address         |  |
| City, State Zip |  |
| Email           |  |
| Phone           |  |

### Nature of Relationship with WESTconsin Credit Union

Do you or did you have a relationship with WESTconsin Credit Union? This includes, for example, current and former members, persons who have applied for membership, beneficiaries, account holders, and authorized users.

Yes

No

We will mail the response to the address on file if you have a relationship with WESTconsin Credit Union, or the one provided above if you do not.

### Type of Request (Select Only One):

I want to know personal information that has been collected or shared.

I want to delete the personal information you have about me (exceptions may apply).

We will process your "Request to Know" and provide a written response within 45 days. If we need additional time, we will contact you in the manner specified above.

|           |   |      |
|-----------|---|------|
| Signature | X | Date |
|-----------|---|------|

**Notary Public** (For Mailed-In Forms)

**ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_

State of \_\_\_\_\_ City/County of \_\_\_\_\_

(SEAL)

**FOR WESTCONSIN CREDIT UNION INTERNAL USE ONLY**

*(For verification of consumer requests pursuant to the California Consumer Privacy Act of 2018)*

**Submission Format**

Form submitted by Consumer/Member     Form submitted by Credit Union Employee (phone request)

**Identity Verification**

Identity verified     Unable to verify identity

**Identification Supplied** *(if applicable)*

Drivers' License     Passport     Military ID     Other Government-Issued ID

**Date** \_\_\_\_\_