



Safe 1 Credit Union – CCPA Request

By completing and submitting this form, I am requesting to exercise certain rights under the California Consumer Privacy Act (CCPA), including rights to access and/or delete data you may have collected from me. I acknowledge that, under certain provisions of the CCPA, my rights to access and delete data may be limited.

Complete the information requested below. This information is required only to assist us in verifying your identity and responding to your request.

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Do you have an account with Safe 1: Yes No

If yes, list last 4 digits of your Account Number: _____

Describe your request below:

Request for Information: Provide me a listing of personal information that you have collected about me. I understand this listing will be mailed to my address of record within forty-five (45) days of your receiving my request, unless you inform me that you need an additional forty-five (45) days.

Request to Delete: Delete personal information you have collected about me. This delete request will not include any personal information that is necessary to: (1) provide any service I have requested, (2) complete a contract I have signed, (3) comply with laws or regulations, or (4) detect security incidents.

Signature: _____ Date: _____

For additional information, please contact us by calling us toll-free at: 877-723-3128, visiting our website at Safe1.org (privacy), or writing us at: Safe 1 Credit Union, 1400 Mill Rock Way, Bakersfield, CA 93311.

INTERNAL USE ONLY

Sign and Date:

Information Mailed _____ Deletion Completed _____