7 17 Credit Union Request to Know or Delete under the California Consumer Privacy Act (CCPA)



This form is to be used by California Residents for submitting a "Request to Know or Delete" under the California Consumer Privacy Act (CCPA). For more information about the CCPA and your rights, please refer to our <u>7 17 CCPA Privacy Notice</u> located on our webpage.

Instructions: Print and complete the information requested on this form. Send a notarized original with a copy of your current identification to:

Attn: Compliance Dept. 7 17 Credit Union 3181 Larchmont Ave NE Warren, OH 44483

Please select the type of request you are submitting:

☐ Request to Know Personal Information Collected, Used, and/or Disclosed ☐ Request to Delete Personal Information (consult the CCPA Privacy Notice for limitations of data that may be deleted).			
Select one of the following (NOTE: please submit a separate form for each individual request):			
 □ I am making this request on behalf of myself. □ I am making this request on behalf of my minor child. □ I am making this request as an authorized agent of another consumer (*pursuant to our CCPA Privacy Notice, further documentation will be needed). 			
Name			
Mailing Address			
City	State	Zip	
Email		Telephone	
DOB	L	ast 4 digits of your SSN	
Nature of your relationship & inte	ractions with 7 17	Credit Union:	
months.	f 7 17 Credit Union	n, or was a member in the preceding 12	
= 11, account number (5)	(List all	accounts for which you have/had access)	

In the previous 12 months, I have interacted with 7 17 Credit (check all that apply):	Union in the following way
☐ I have visited www.717cu.com ☐ I have visited a 7 17 Credit Union social media site ☐ If so, please list all sites visited: ☐ I have used the Credit Union's online banking system vi ☐ mobile app ☐ computer ☐ both ☐ I have applied for or opened an account online ☐ I have called or received a call from 7 17 Credit Union ☐ I have applied for a loan directly with the Credit Union dealership (Dealership name: ☐ I have visited a Credit Union branch ☐ I have interacted with 7 17 Credit Union's Retirement a ☐ I have used shared branching ☐ I have sent or received an email ☐ I have sent or received postal correspondence or forms ☐ I have applied for employment ☐ Other. Please describe:	or through a participating) nd Investment Group
By signing this form, I attest that the information I have proved best of my knowledge. I also affirm that I am a resident of Ca 17014 of Title 18 of the California Code of Regulations or an a resident. [Note: your signature below must be witnessed by a We will make every effort to respond to your verifiable consurt days of its receipt. If 7 17 requires more time, we will inform of the reason and extension period in writing.	alifornia as defined by Section outhorized agent of such a a Notary Public] mer request within 45 calenda
Signature (must be notarized)	Date
{Notary}	
Before mailing your form, use this completion checklist:	
 □ I have completed all sections of this request for information □ The form is signed and notarized. □ A copy of my current identification is included. □ If applicable: Proof of your authorized agents right to act of Privacy Notice" on our website). □ If applicable: A copy of your authorized agents current identifications. 	n your behalf (see "7 17 CCPA