

## California Consumer Privacy Act

## **CCPA** Request for Information

The California Consumer Privacy Act ("CCPA") gives you certain rights related to your personal information. Among those is the right to know what information the credit union collects, for what purpose, and who it is shared with. You also have the right to ask that, subject to certain exceptions, personal information be deleted. This form is used to submit a request to know about personal information the credit union may have collected.

## Please note that MERCO CU does not sell your personal information.

Most information collected by MERCO CU is not subject to deletion because it is needed to process transactions, provide services requested by you, comply with laws or service your account. Most information is protected by other privacy regulations such as the Gramm-Leach-Bliley Act or Fair Credit Reporting Act.

_		
TYPE OF REQUEST		
$\square$ Know personal inf	ormation collected   Delete person	onal information collected (subject to exceptions)
Person Whose Informat	ION IS BEING REQUESTED	
First Name	Last Name	Account Number (if a MERCO CU member)
		,
Primary Phone Number	E-mail	
Mailing Address		City, State, Zip Code
- 1 /2	ACT INCORMATION	
REULIECTUD'S MANIE/LUNIT	ACI INFORMATION	
•		In Daine Bassached III 2
What is your relationship to	o the "Person Whose Information	
What is your relationship to	o the " <i>Person Whose Information</i> own information. (Skip this section	
What is your relationship to ☐ Requesting my o ☐ Consumer reque	o the "Person Whose Information own information. (Skip this sections esting household information.	n)
What is your relationship to ☐ Requesting my o ☐ Consumer reque	o the " <i>Person Whose Information</i> own information. (Skip this section	n)
What is your relationship to  Requesting my o  Consumer reque  Authorized Ager	o the "Person Whose Information own information. (Skip this sections esting household information.	above. My authority is:
What is your relationship to  Requesting my o  Consumer reque  Authorized Ager	o the "Person Whose Information own information. (Skip this section esting household information. Intacting on behalf of the person	above. My authority is:
What is your relationship to  Requesting my o  Consumer reque  Authorized Ager  Power-of-Attoriced	o the "Person Whose Information own information. (Skip this section esting household information. Intacting on behalf of the person orney Parent of Minor Child	above. My authority is:
What is your relationship to  Requesting my o  Consumer reque  Authorized Ager  Power-of-Attoriced	o the "Person Whose Information own information. (Skip this section esting household information. Intacting on behalf of the person orney Parent of Minor Child	above. My authority is:
What is your relationship to  Requesting my o  Consumer reque  Authorized Ager  Power-of-Attoricationship to	o the "Person Whose Information own information. (Skip this section own information. (Skip this section of the person orney Parent of Minor Child Last Name	above. My authority is:
What is your relationship to  Requesting my o  Consumer reque  Authorized Ager  Power-of-Attoricationship to	o the "Person Whose Information own information. (Skip this section own information. (Skip this section of the person orney Parent of Minor Child Last Name	above. My authority is:
What is your relationship to  Requesting my o  Consumer reque  Authorized Ager  Power-of-Attoricationship to	o the "Person Whose Information own information. (Skip this section own information. (Skip this section of the person orney Parent of Minor Child Last Name	above. My authority is:  Legal Guardian Other  Account Number (if a MERCO CU member)
What is your relationship to  Requesting my o  Consumer reque  Authorized Ager  Power-of-Atto  First Name  Primary Phone Number  Mailing Address	the "Person Whose Information own information. (Skip this section own information. (Skip this section own information. In acting on behalf of the person orney Parent of Minor Child Last Name	above. My authority is:  Legal Guardian Other  Account Number (if a MERCO CU member)
What is your relationship to  Requesting my o  Consumer reque  Authorized Ager  Power-of-Atto  First Name  Primary Phone Number  Mailing Address  Per the CCPA, we have the ob-	the "Person Whose Information own information. (Skip this section own information. (Skip this section own information. In acting on behalf of the person orney Parent of Minor Child Last Name    E-mail   E-mail	above. My authority is:  Legal Guardian Other  Account Number (if a MERCO CU member)  City, State, Zip Code  re responding to your request. Within 10 days we within
What is your relationship to  Requesting my o  Consumer reque  Authorized Ager  Power-of-Atto  First Name  Primary Phone Number  Mailing Address  Per the CCPA, we have the obet your know what we need	the "Person Whose Information own information. (Skip this section own information. (Skip this section own information. In acting on behalf of the person orney Parent of Minor Child Last Name    E-mail   E-mail	above. My authority is:  Legal Guardian Other  Account Number (if a MERCO CU member)  City, State, Zip Code  re responding to your request. Within 10 days we wority to act as an Agent. This may include a photo II
What is your relationship to Requesting my or Requesting my or Consumer requesting my or Authorized Ager Power-of-Attorized Ager Power-of-Attorized Remailing Address  Per the CCPA, we have the object your know what we need documents of authority (i.e	the "Person Whose Information own information. (Skip this section own information. (Skip this section own information. In acting on behalf of the person orney Parent of Minor Child Last Name    E-mail	above. My authority is:  Legal Guardian Other  Account Number (if a MERCO CU member)  City, State, Zip Code  re responding to your request. Within 10 days we will ority to act as an Agent. This may include a photo ID otarized declaration, etc.).
What is your relationship to  Requesting my o  Consumer reque  Authorized Ager  Power-of-Atto  First Name  Primary Phone Number  Mailing Address  Per the CCPA, we have the obet your know what we need documents of authority (i.e	the "Person Whose Information own information. (Skip this section own information. (Skip this section own information. In acting on behalf of the person orney Parent of Minor Child Last Name    E-mail	above. My authority is:  Legal Guardian Other  Account Number (if a MERCO CU member)  City, State, Zip Code  re responding to your request. Within 10 days we wority to act as an Agent. This may include a photo II
What is your relationship to  Requesting my o  Consumer reque  Authorized Ager  Power-of-Atto  First Name  Primary Phone Number  Mailing Address  Per the CCPA, we have the obet your know what we need documents of authority (i.e	the "Person Whose Information own information. (Skip this section own information. (Skip this section own information. In acting on behalf of the person orney Parent of Minor Child Last Name    E-mail	above. My authority is:  Legal Guardian Other  Account Number (if a MERCO CU member)  City, State, Zip Code  re responding to your request. Within 10 days we will ority to act as an Agent. This may include a photo If otarized declaration, etc.).  Date:  Mail to: MERCO CU, Attn: Compliance
Requesting my of Consumer requesting my of Consumer requesting Authorized Ager Authorized Ager Power-of-Attention  First Name  Primary Phone Number  Mailing Address  Per the CCPA, we have the object your know what we need documents of authority (i.e Signature:	the "Person Whose Information own information. (Skip this section own information. (Skip this section own information. In acting on behalf of the person orney Parent of Minor Child Last Name    E-mail	above. My authority is:  Legal Guardian Other  Account Number (if a MERCO CU member)  City, State, Zip Code  re responding to your request. Within 10 days we wiestly to act as an Agent. This may include a photo IC starized declaration, etc.).  Date:  Date:

2.O. Box 2955 • Merced, CA 95344 1-800-273-4993 • merco.org Federally Insured by NCUA