REQUESTS UNDER THE CALIFORNIA CONSUMER PRIVACY ACT OF 2018

**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 [**psecu.com/privacy**.](https://www.psecu.com/privacy)

Please complete the form and submit it by (1) mailing a copy to **PSECU, Attention: Privacy Officer, P. O. Box 67013, Harrisburg, PA 17106-7013** or (2) emailing a copy to [**privacyofficer@psecu.com**.](mailto:privacyofficer@psecu.com)

If you have any questions, please call **800.237.7328**.

FIRST NAME, MIDDLE INITIAL, LAST NAME

MAILING ADDRESS

CITY, STATE, ZIP CODE

EMAIL PHONE NUMBER

# NATURE OF RELATIONSHIP WITH PSECU:

Are you a current or former PSECU member?  Yes  No

If you are not a current or former PSECU member, please describe the nature of your relationship to PSECU.

# TYPE OF REQUEST:

* 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).

# PROVIDE SOME ADDITIONAL DETAIL ABOUT YOUR REQUEST:

**HOW DO YOU WANT US TO RESPOND TO YOUR REQUEST?**

* Mail
* Email

We will process your request and provide a written response within 45 days. If we need additional time, we will contact you in the

manner specified above.

SIGNATURE DATE

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