

Form for Requests under the California Consumer Privacy Act of 2018

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").

Upon completion, please submit this form using one of the two methods outlined below. Members or others who have a relationship with Virginia Credit Union (VACU) may alternatively submit a request by calling 1-800-285-6609

- (1) Mail a notarized copy (*see section below*) to Virginia Credit Union, P.O. Box 90010, Richmond, VA 23225-9010.
- (2) In-person submission at a Virginia Credit Union branch.

Name: Last	First	MI	Suffix
Mailing Address			
City	State	Zip	
Email	Telephone		

Nature of Relationship with Virginia Credit Union

- a.) Do you or did you have a relationship with VACU? This includes, for example, current and former members, persons who have applied for membership, beneficiaries, account holders, and authorized users.
 Yes No

b.) If you selected "Yes" and you have an Account Number, please provide it: _____

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	Date (MM/DD/YY)
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Notary Public (<i>For Mailed-In Forms</i>)
ACKNOWLEDGMENT
<div style="border: 1px solid black; padding: 5px;">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.</div>
State of _____ County of _____
On _____ before me, _____, (insert name and title of the officer)
personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.
Signature _____ (Seal)

FOR VACU INTERNAL USE ONLY (FOR VERIFICATION OF CONSUMER REQUESTS PURSUANT TO THE CALIFORNIA CONSUMER PRIVACY ACT OF 2018)
<input type="checkbox"/> Identity Verified <input type="checkbox"/> Unable to Verify Identity
Identification Supplied (<i>If Applicable</i>) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Other Government-Issued ID