Form for Requests under the California Consumer Privacy Act

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 http://www.midflorida.com/privacy/ccpa

Upon completion, please submit the form using one of the two methods outlined below. Members or others who have a relationship with MIDFLORIDA Credit Union may alternatively submit a request by calling 1-866-913-3733.

1. Mail a notarized copy *(see section below)* to MIDFLORIDA Credit Union, Attn: Compliance Department, P.O. Box 8008, Lakeland, FL 33802-8008.
2. Submit via Online Banking secured messaging.

Name: Last	First	MI	Suffix
Address *(No PO BOX)*:			
City:	State:		Zip:
Email:		Telephone:	

Nature of Relationship with MIDFLORIDA

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

If you selected "Yes" please provide relationship type: _____

If you are enrolled in online banking, we will send the response via secure message; otherwise, we will mail the response to the address on file if you have a relationship with MIDFLORIDA, or the one provided above if you do not.

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:

Notary Public *(For Mailed-In Forms)*

ACKNOWLEDGMENT

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.

State of California

County of _____

On _____ before me,_____, personally appeared _____,
(insert name and title of the officer)

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 California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

FOR MIDFLORIDA USE ONLY
(FOR VERIFICATION OF CONSUMER REQUESTS PURSUANT TO THE CALIFORNIA CONSUMER PRIVACY ACT OF 2018)

☐ Identity Verified ☐ Unable to Verify Identity

Identification Supplied *(If Applicable)*